HEALTH CONCERNS OF PERSIAN GULF VETERANS

BEFORE THE

COMMITTEE ON VETERANS' AFFAIRS

HOUSE OF REPRESENTATIVES

ONE HUNDRED THIRD CONGRESS

SECOND SESSION

FEBRUARY 1, 1994

Printed for the use of the Committee on Veterans' Affairs

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CONTENTS

HEALTH CONCERNS OF PERSIAN GULF VETERANS

TUESDAY, FEBRUARY 1, 1994

HOUSE OF REPRESENTATIVES,
COMMITTEE ON VETERANS' AFFAIRS,
Washington, DC.

The committee met, pursuant to call, at 9:00 a.m., in room 334, Cannon House Office Building, Hon. G.V. (Sonny) Montgomery (chairman of the committee) presiding.

Present: Representatives Applegate, Evans, Rowland, Kennedy, Sangmeister, Long, Edwards of Texas, Waters, Clement, Filner, Gutierrez, Bishop, Clyburn, Kreidler, Brown, Stump, Smith of New Jersey, Hutchinson, Everett, Buyer, Bachus, Linder.

Also present: Representatives Lancaster and McHale.

OPENING STATEMENT OF CHAIRMAN MONTGOMERY

The CHAIRMAN. As is our custom, the committee starts on time. The committee will be in order.

Now, before getting into testimony, and my statement and Mr. Stump's statement, and hearing from our witnesses, we are very pleased to have the National Commander of The American Legion, Commander Thiessen.

Would you stand up? We are very glad to have you visit. (Applause.)

The American Legion has had an active part in the areas that we will work on this morning. Our purpose is to explore the reported health problems of the Persian Gulf War veterans and their families. Really, we want to learn more about what the Department of Veterans Affairs and the Department of Defense know and are doing to determine the cause or causes of the illnesses experienced by many veterans who served in the Persian Gulf War.

And to both Secretaries, we also want a status report from both Departments on how they are responding to the concerns of veterans who are reporting these problems.

For our committee, this will mark the eighth hearing on this issue, the most recent of which was a January 21 field hearing in Meridian, MS, where we heard from National Guard personnel and family members who described their experiences of the war and the medical symptoms that have plagued them since.

Now, to the members, these symptoms include headaches, fatigue, memory loss, stomach disorders, joint pain, hair loss, skin rash, and sore and bleeding gums.

Among the witnesses in Meridian were mothers of children who were born to personnel of the 624th Quartermaster Company after

its return from the Gulf. An alarming number of these children have had serious medical problems.

And I would like to thank Mr. Stump and Mr. Bachus and others who will come in this morning who did come to that hearing in Meridian.

Now, we must continue to press hard for explanations. Every bit of the information that we gather is really a piece of the puzzle. Every small step brings us closer to answering the questions veterans ask most: "What is making me sick and what can you do to really help me?"

Our goals are to pinpoint the cause or causes of these illnesses, ensure that effective treatment is provided, and put the worries of these veterans to rest. We must place our energies and our resources into getting to the bottom of this and really trying to help these veterans.

To what extent were U.S. troops exposed to environmental hazards and toxic materials during their service in the Gulf? Were they exposed to chemical or biological warfare agents used by the enemy or accidentally released by our attacks on the enemy?

Does such exposure have anything to do with the unexplained health problems of veterans who served in the desert?

Our committee has taken action to address the concerns of these veterans. In September of 1992, our Subcommittee on Hospitals and Health Care held the first of a series of committee hearings about the health effects of exposure to chemical and environmental factors during that war. The full committee and our Subcommittee on Oversight and Investigations have held several hearings seeking information from veterans who have had a variety of health problems since returning from the war.

Testimony at these hearings provided a foundation for enactment of a series of important provisions in Public Law 102–585. What I am saying is we have done something as far as changing the law to help these veterans and try to come up with some answers.

The legislation provided the Gulf veterans the opportunity to receive health examinations and counseling and to participate in a health-related registry.

The registry maintained by the Department of Defense includes a listing of each individual who served in-theater during the Persian Gulf War and where he or she served in-country. The VA's registry contains medical exam information on any Persian Gulf veteran who chooses to participate. This registry will enable the VA to monitor and track Persian Gulf veterans and inform them of any medical or scientific developments. Nationwide, 13,000 veterans have had medical evaluations and have been entered into the registry.

The committee was alerted—by both the VA and by individuals—that the VA health care eligibility criteria could be a problem for the Persian Gulf veterans. They were not getting into the hospitals. We passed a law giving them priority. They can just walk in, and the Persian Gulf veteran can go to the VA hospital and get treatment right away.

Now, I cite these actions to show that the concerns of our veterans have been heard and that the Administration and the Congress have acted promptly. I want to assure the Persian Gulf veterans

and their families that this committee will not give up nor ignore their pleas for help.

Questions. What happened in the Persian Gulf theater that has caused the mysterious illnesses of some of our veterans? What are both Departments doing to get information to these veterans and to provide medical treatment? What research is being conducted?

Because of these questions which I know members want to ask the top leadership at the VA and DOD, we have only one panel of witnesses here today: the Secretary of Veterans Affairs, Jesse Brown, and the Assistant Secretary of Defense for Personnel and Readiness, Edwin Dorn, and they both have agreed to be here and to answer your questions.

Thank you, Mr. Secretaries, for taking the time on this very, very important issue.

Before proceeding to hearing your statements, I recognize the committee's ranking minority member, Bob Stump.

[The preapared statement of Chairman Montgomery follows:]

PREPARED STATEMENT OF CHAIRMAN MONTGOMERY

The Committee will come to order.

Our purpose this morning is to further explore the reported health problems of Persian Gulf War veterans and their families. We want to learn more about what the Department of Veterans Affairs and Department of Defense know and are doing to determine the cause or causes of the illnesses experienced by many veterans who served in the Persian Gulf War. We also want a status report from both departments on how they are responding to the concerns of veterans who are reporting these problems.

This will mark the Committee's eighth hearing on this issue, the most recent of which was a January 21st field hearing in Meridian, MS, where we heard from National Guard personnel and family members who described their experiences in the war and the medical symptoms that have plagued them since. These symptoms include headaches, fatigue, memory loss, stomach disorders, joint pain, hair loss, skin rashes and sore or bleeding gums.

Among the witnesses in Meridian were mothers of children who were born to personnel of the 624th Quartermaster Company after its return from the Gulf. An alarming number of their children have had serious medical problems.

We must continue to press hard for explanations. Based on the testimony we heard on January 21st, as well as prior testimony before this committee, I have great hope that with diligence, compassion and the right research, we can help these veterans and their families.

Every bit of information is a piece of the puzzle. Every small step brings us closer to answering the questions veterans ask most: "What is making me sick and what can you do to help me?"

Our goals are to pinpoint the cause or causes of these illnesses, insure that effective treatment is provided, and put the worries of these veterans to rest. We must place our energies and our resources into getting to the bottom of this and helping our veterans.

To what extent were U.S. troops exposed to environmental hazards and toxic materials during their service in the Persian Gulf? Were they exposed to chemical or biological warfare agents used by the enemy or accidentally released by our own attacks? Does such exposure have anything to do with the unexplained health problems of veterans of Operations Desert Shield/Desert Storm?

Our Committee has taken action to address the concerns of these veterans. In September 1992, our Subcommittee on Hospitals and Health Care held the first of a series of Committee hearings on the health effects and risks of exposure to chemical and environmental factors during the Persian Gulf War. The full committee and our Subcommittee on Oversight and Investigations have held several hearings seeking information from veterans who have had a variety of health problems since returning from the war.

Testimony at these hearings provided a foundation for enactment of a series of important provisions in Public Law 102–585. This legislation provided Persian Gulf veterans the opportunity to receive health examinations and counseling and to participate in a health-related registry.

The registry maintained by the Department of Defense includes a listing of each individual who served in-theater during the Persian Gulf War and where he or she served in country. VA's registry contains medical exam information on any Persian Gulf veteran who chooses to participate. This registry will enable VA to monitor and track Persian Gulf veterans and inform them of any medical or scientific developments. Nationwide, 13,000 veterans have had medical evaluations and have been entered into the registry.

In addition, Public Law 102–585 directed VA and the Defense Department to jointly enter into an agreement with the National Academy of Sciences to make recommendations to VA and DoD on future research. The contract for this review was awarded in October of last year and a panel of experts was recently convened to begin this work.

The Committee was alerted—by both VA and individual veterans—that VA health care eligibility criteria could be a problem for Persian Gulf veterans seeking treatment at VA hospitals. In response, the Congress passed legislation which the President signed into law in December. This new law authorizes VA health care on a priority basis to veterans who served in the Persian Gulf theater and who now have unexplained medical problems.

An important component in the effort to identify and treat the varied illnesses now being seen among some Persian Gulf veterans is the establishment of an environmental medicine research unit to study multiple chemical sensitivity. This research was brought to our attention by Major General Ron Blanck, Commanding General of Walter Reed Army Medical Center, and was explored during a hearing conducted by Lane Evans and his Oversight Subcommittee in June 1993. Our committee and the Armed Services Committee pressed for this research initiative, and partial funding for one such research unit was put into the fiscal year 1994 Defense Authorization bill. General Blanck announced in Meridian on January 21st that the remaining money-$900,000 will be reprogrammed from DoD funds and committed to this project.

I cite these actions to show that the concerns of our veterans have been heard and that the Administration and the Congress have acted promptly. I want to assure Persian Gulf veterans and their families that this committee will not give up nor ignore your pleas for help.

What happened in the Persian Gulf theater that could have caused the mysterious illnesses of some of our veterans? What are both departments doing to get information to these veterans and to provide medical treatment? What research is being conducted?

Because of the many questions which I know Members want to ask the top leadership at VA and DoD, we will have only one panel of witnesses today. Secretary of Veterans Affairs Jesse Brown and Assistant Secretary of Defense, Personnel and Readiness, Edwin Dorn agreed to appear together to bring us up to date on their efforts and to respond to questions.

Before we proceed with the first panel, I'll call on Bob Stump, the Committee's Ranking Minority Member, for any opening comments he would like to make.

OPENING STATEMENT OF HON. BOB STUMP

Mr. STUMP. Thank you, Mr. Chairman. It is a pleasure to be here today and to welcome our distinguished witnesses.

Recently, you and I requested the Secretary of Defense and the Secretary of Veterans Affairs to testify before this committee because we shared the belief that it is imperative that they be available to respond to allegations that our troops were exposed to chemical agents during the Persian Gulf War. I would like to commend Secretary Brown for all his efforts to address the concerns of these veterans as well as his willingness to work with this committee to resolve these issues.

Mr. Chairman, the House Committee on Veterans' Affairs under your able leadership has taken a very active role in addressing these problems on a national level. In fact, as you mentioned, we have had numerous hearings on Persian Gulf concerns to date, and I compliment you for your leadership, and I look forward to the testimony from our visitors today.

Thank you, Mr. Chairman.

The CHAIRMAN. Thank you. The chair recognizes——
Mr. KENNEDY. Mr. Chairman.
The CHAIRMAN. Yes.
Mr. KENNEDY. May I make an opening statement?
The CHAIRMAN. Yes, you may.
Mr. Kennedy of Massachusetts.

OPENING STATEMENT OF HON. JOSEPH P. KENNEDY II

Mr. KENNEDY. Thank you very much, Mr. Chairman.

First of all, I would like to thank you, Mr. Chairman, and Mr. Stump, for scheduling today's hearing. For the first time we have the top officials from the Government agencies charged with caring for our current and former military personnel together to respond publicly about the possible exposures behind the unexplained illnesses ailing thousands of Persian Gulf veterans.

I welcome both Secretary Brown and DOD Assistant Secretary for Personnel and Readiness, Edwin Dorn, here today. Thank you both for coming.

The CHAIRMAN. Thank you, Mr. Kennedy. Go ahead.

Mr. KENNEDY. Mr. Chairman, you know I have been working on this issue for a while, so I want to lay out a couple of issues here, if you don't mind.

Now, a full three years after the advent of hostilities in the Persian Gulf, many of our Nation's servicemen and women are still waging a war, an unexpected battle to regain their health and their livelihoods. Meanwhile, our veterans have found little solace in the Government agencies set up to care for their medical needs.

Picking up the pieces of war is not fast or easy. For the last year, we have heard many government pronouncements about advisory boards and coordinating committees without a comprehensive program or concrete resources. In September of 1993, the VA announced one to three Environmental Hazard Research Centers, but activation of those Centers is not expected until the 4th quarter of 1994.

The VA convened a "Persian Gulf Expert Scientific Panel" in May of 1993. As a result, a permanent advisory committee came of it, but it will not meet until nine months later, at the close of February 1994.

A National Institute of Health-sponsored workshop is now being planned for May of 1994, and a recent Interagency Coordinating Board was announced in January. It is critical that these recent announcements deliver a timely and comprehensive agenda, resources and results, and amount to more than new bureaucratic words and inaction.

Our servicemen and women who served in the Persian Gulf War expect and deserve no less. Many have reluctantly invoked comparisons with the trauma Vietnam veterans experienced for decades—but the comparison is important. We must understand that this somber legacy, not faith in the Government's promise to take care of wars' woes, is continuing to haunt generations of Americans.

The manner in which DOD handles the issues surrounding Persian Gulf veterans, including possible exposure to chemical and biological warfare agents, will have a profound impact on the future

credibility and public confidence in our military. The American people have not gotten straight answers from DOD to date surrounding all possible exposures of our Gulf veterans.

We must take seriously the fact that thousands of ailing veterans, their family members and their comrades in arms cling to any and every shred of evidence that will help explain what is wrong with them and their loved ones. The consequence of making public all possible information about the events of the Gulf cannot be stressed enough. Only then will veterans begin to seek resolution of their health concerns.

Later this week, I plan to introduce legislation that would extend priority health care for Persian Gulf veterans and the Persian Gulf Veterans' Family Support Program to aid our veterans while we continue to search for the answers. Only with full and complete public disclosure of all possible exposures, including chemical and biological agents, and concerted Federal action that addresses the needs for our health care disability benefits as well as comprehensive research programs will the record be straight for our Persian Gulf veterans and the healing process begin.

Thank you very much, Mr. Chairman.

The CHAIRMAN. Thank you, Mr. Kennedy. I notice where the VA hospital in Boston had a number of Persian Gulf veterans report in to that hospital Saturday. On sickness, this is a step forward.

Mr. KENNEDY. Yes, Mr. Chairman. We had a program in Boston on Saturday where people were encouraged to come in and make any kinds of complaints that they may have had. At least 75 veterans showed up at that clinic.

As Jesse Brown has indicated, it's not just going back and checking the records, but as I have talked to the Secretary in the past, and I think he has committed himself to a program of making certain that we go directly to the veterans themselves and not just to the records. Sometimes the records aren't reflective of the experience that we have heard directly from the veterans.

So, I appreciate you bringing attention to the program, Mr. Chairman.

Mr. EVANS. Mr. Chairman.

The CHAIRMAN. Mr. Evans.

OPENING STATEMENT OF HON. LANE EVANS

Mr. EVANS. Mr. Chairman, thank you. I would like to enter my opening statement for the record, without objection.

The CHAIRMAN. Without objection.

Mr. EVANS. And briefly associate myself with Congressman Kennedy's remarks, and say that I am very pleased, Secretary Brown, that you have taken quick action in dealing with this. I am very happy to see that the Veterans' Administration is not going to make the same mistakes that were made dealing with Vietnam veterans under this new Administration.

And Assistant Secretary Dorn, this is your first appearance, at least on this issue, that I know you have made before our committee. But I have got to tell you I am happy with what the Medical Department of the Department of Defense is doing. I have not been really well pleased, or I don't think this Congress has been well served by the intelligence part of the Department of Defense.

Problems that the Persian Gulf veterans have been facing are severe ones, and yet the Department of Defense appears to have been less than forthcoming. DOD failed to notify Congress and the American people that chemical agents were detected by Allied forces during the Persian Gulf War.

Mr. Chairman, as members of the Armed Services Committee, I know we will work to get to the bottom of this.

And thank you very much.

[The prepared statement of Congressman Evans follows:]

PREPARED STATEMENT OF HON. LANE EVANS

Thank you for convening today's hearing. I would like to thank Secretary Brown and Assistant Secretary Dorn for appearing before our committee. I hope that their joint appearance reflects a high degree of cooperation between the Department of Veterans Affairs (VA) and the Department of Defense (DOD) on Persian Gulf War issues.

Nearly three years have passed since hostilities ended in the Persian Gulf War, but for many of the men and women who fought the battle continues.

A growing number of Persian Gulf veterans are ill and believe that the government just doesn't care. And personally, I cannot blame them for feeling that way. While this committee and VA have aggressively pursued answers to the problems facing these veterans, DOD appears to have been less than forthcoming. DOD failed to notify Congress and the American people that chemical agents were detected by Allied forces during the Gulf War.

I hope that DOD's new management will prove to be more forthcoming and cooperative than its predecessor.

More than 570,000 military personnel and activated National Guard and reserve unit members served in the Persian Gulf. In the Gulf region, service personnel were exposed to a variety of toxic substances and parasitic diseases. For months, these men and women breathed the fumes of burning oil and trash and were given experimental drugs by DOD.

Thousands of these veterans have reported unexpected health problems, including chronic fatigue, weight loss, muscle weakness, and lung ailments. And many believe that their spouses and children are also suffering because of their military service.

These reports cannot be discounted. The short- and long-term health effects of exposure to these substances are *not* fully understood. What we do know, however, is that many veterans are ill and that we cannot allow any veteran to suffer because of government indifference. This nation must be ready to provide these men and women with whatever assistance is necessary.

The CHAIRMAN. I see General Blanck here this morning. I know you, Mr. Kennedy, you and Mr. Buyer are interested in environmental research. I think the money has been found for that. Maybe Secretary Dorn can touch on that. It was an area that was passed here but the funding wasn't proper.

The chair recognizes the gentleman from Indiana.

OPENING STATEMENT OF HON. STEVE BUYER

Mr. BUYER. Thank you, Mr. Chairman. I would like to compliment you on the hearing that you held in Meridian, MS, and hopefully, Mr. Brown, you will make comments in regard to the cluster units down there. The 37 birth defects out of 55 births is pretty alarming, and hopefully, you'll make some comments on that today in your testimony.

(Subsequently, the Department of Defense provided the following information:)

Over 16,000 Persian Gulf veterans have participated in the VA Persian Gulf Health Registry examination. VA analysts have evaluated 7,652 of the medical exams. Of these, 209 veterans reported having children with birth defects; 115 were conceived before Persian Gulf service and 94 after Persian Gulf service. Birth de-

fects are not defined in the registry and the occurrence of birth defects is based on self-reporting.

In November and December 1993, the Jackson Veterans Affairs Medical Center (VAMC) conducted a telephone survey of members of the four Mississippi National Guard units that were deployed to the Persian Gulf. The survey identified 56 children that were born to these Persian Gulf veterans after their release from active duty. Thirty-six of these children (64%) were reported as having health problems, including birth defects. An effort is being made to obtain the health records of these children for review and analysis. As of March 3, Jackson VAMC reports 30 children's records have been received and initially reviewed. Based on review of the records, eight of these children appear to have birth defects with the following conditions: umbilical hernia (3); VSD and premature closure of the coronal suture (1); heart murmur (1); single umbilical artery (1); syndactylys of fingers and toes and possible Hirschsprung's vs aterisa (1); and congenital trigger fingers (1). Current plans include the following:

—Obtain all the children's records for review by the staff at the Jackson VAMC in collaboration with specialists at the University of Mississippi Medical Center and the Mississippi State Department of Health.

—Conduct a research study in collaboration with the University of Mississippi Medical Center which would include offering examinations and evaluations by a team of university specialists.

—Share findings and consult with the Mississippi State Department of Health and the Centers for Disease Control and Prevention which have expressed willingness to assist in studying any unusual clustering of cases.

I have to join in the words of my colleague, Mr. Kennedy. I have read both of your statements. I have participated in the hearings down in Mississippi. I walked away from that hearing with some ambivalence.

General Blanck, I am not going after you at the moment, but I am after the system. I lack a great degree of patience for testimonies of "Well, here is what my reviews are. Here is what my panels are. Here is what my boards are. And here is what my time lines are." That is stirring it at the top.

When those of us here who take those calls and hear from the soldiers, the veterans, the families and the wives saying here is why my husband is different than what he was. Here is what his problems are. They are the ones who are dealing with those frustration.

So, we can have a schmooze party and talk about boards and things, and that sounds good. That is warm and positive. But if it doesn't relate down to the soldier, or when I am in Meridian, MS, and I am going up to Sonny Montgomery's district office and an active duty soldier runs to catch me in the stairwell so he has got me one on one in secrecy to talk about his health-related problems. That soldier doesn't want anybody to know about it, that is real. That is real stuff. And that is why I have this lack of patience and the lack of confidence in the system, whether it is the DOD or the VA.

I mean I like the direction you are taking. I compliment you, but it is the timeliness of it that I question.

And, if you're saying we need more research, then tell us. Don't say "I only have this many dollars and this is my only budget." Say "I need $6 million for this. I need $5 million for that." Don't let this thing constantly be pushed from us.

I mean, yes, we have oversight responsibilities, but you are on the front line. You are the leader of the VA, and the leaders in the DOD, and we will keep watching.

I am anxious to hear your statements, and I look forward to working together with you. So, don't accept this as Steve being in

a very combative mood. Well, you can. I am ready. I mean I have got some emotion on this because I lack some confidence and some patience.

Thank you, Mr. Chairman.

The CHAIRMAN. Thank you, Mr. Buyer. Of course, you were in the Persian Gulf, and I want to thank you again for coming to our hearing in Mississippi.

Mr. CLEMENT. Mr. Chairman.

The CHAIRMAN. No further statements? The gentleman from Tennessee.

OPENING STATEMENT OF HON. BOB CLEMENT

Mr. CLEMENT. I would like my statement to be incorporated into the record as if read.

And I would also like to say that I do have a lot of confidence in DOD and VA, and I know they are working diligently to find out why these veterans are sick.

And I might say about our veterans, being a veteran myself, many veterans that did serve in the Persian Gulf do not feel they have received straight answers from their government. Soldiers have testified before our committee of experiencing burning and skin irritations, which they have been trained to associate with the presence of a chemical agent.

Others testified of witnessing a bright flash of light over their encampment followed by a loud "Boom!" and being ordered to go to MOP–4 for several hours. Still others spoke of NBC alarms sounding several times a day for days at a time. NBC officers told of detecting NBC agents as they broke through the breach in their assault into Iraq.

Yet, DOD tells us that there are no confirmed reports regarding the use of chemical or biological weapons. How does one explain this? Is it that our soldiers were hallucinating? Is it that our equipment and training techniques are obsolete? Is it that our government has not been completely forthcoming with all information? Or is there some other explanation which has evaded us?

These men and women proudly answered the call to arms. They served with distinction and honor, and they are not seeking to lay the blame at anyone's feet. They simply want answers, answers they are entitled to. I join them in seeking full disclosure.

[The prepared statement of Congressman Clement follows:]

PREPARED STATEMENT OF HON. BOB CLEMENT

Mr. Chairman, I want to thank you for holding this hearing. Those of us that have been steadily pushing this issue over the past two years are very pleased to see this matter receive the attention of the full committee.

Mr. Chairman, as you know, I have personally conducted research and outreach on this issue. I could easily spend the committee's day detailing individual soldiers medical history, and the trials and tribulations they encountered as they sought treatment for their ailments. But, in the interest of time, I will be brief.

No one knows for sure how many sick veterans there are but you can rest assured it is more than either VA or DOD will cite today.

These veterans are sick and they do not feel they have received straight answers from their government. Soldiers have testified before our committee of experiencing burning and skin irritations which they have been trained to associate with the presence of a chemical agent. Others testified of witnessing a bright flash of light over their encampment, followed by a loud boom, and being ordered to go to "MOP–4" for several hours. Still others spoke of NBC alarms sounding several times a day

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These men and women proudly answered the call to arms. They served with distinction and honor. They are not seeking to lay the blame at anyone's feet. They simply want answers—answers they are entitled to. I join them in seeking full disclosure.

Mr. Chairman, I again want to thank you for holding this hearing. There are many questions which have not been fully answered and I hope that we have the answers today—if not today, then soon.

The CHAIRMAN. Thank you very much, Bob.

Let me get the gentleman from Georgia. Then I will get the two gentlemen from Alabama.

OPENING STATEMENT OF HON. SANFORD BISHOP

Mr. BISHOP. Thank you very much, Mr. Chairman. I will not take a great deal of time.

I would like to thank Secretary Brown and Assistant Secretary Dorn for giving us the opportunity to question you on the health of our U.S. soldiers who served in the Persian Gulf War. We are extremely concerned, as you have heard, about the possible exposure of our troops to chemical warfare and the effects that it has had on our soldiers and their families.

Following our break and toward the end of last year I had an opportunity to meet with a large number of the detachment from the Naval Reserve, at the Naval Reserve Center in Columbus, Georgia, and there were some real horror stories from both families and from veterans who served there.

They were very, very frightened and very afraid and very distrustful of government. There were representatives from the Department of the Navy as well as from the VA, and they did their best to field questions and to indicate what was being done but there was a great deal of frustration. They needed to feel that somebody was listening and somebody cared and somebody was going to do something to try to address the situation.

I am happy that you have indicated a willingness to do that. I applaud the members of this committee who have been so diligent in pursuing it. I join with that.

But I do urge us to really seriously and credibly attack and address the concerns that are being raised because there are some real problems. There is more than smoke, and we would like to really get to the real nitty-gritty of what is going on and give our veterans the relief that they need and the treatment they need, whatever it requires to do that. Because they served us valiantly over there, and I think that we at least ought to make good on the promise we made to them—their benefits.

Thank you, Mr. Chairman.

The CHAIRMAN. Thank you.

Mr. Bachus of Alabama.

OPENING STATEMENT OF HON. SPENCER BACHUS

Mr. BACHUS. Thank you, Mr. Chairman.

Mr. Brown—and General Blanck, I guess you're going to testify later. I am not sure. Maybe he isn't. But I have got three areas of concern that I would like you to mention.

First of all is the Birmingham pilot project. I would like to know if you have any preliminary results of those examinations, neurological examinations of our veterans in that program. I would like you to mention that, and what you have learned from that pilot program so far.

Second, I have mentioned at two past hearings about the feasibility or the need for the Committee of Toxicology at the National Academy of Science to conduct a study on the Gulf War illnesses to try to find some scientific basis. And I think you already have requested a study in conjunction with the Defense Department and with the Institute of Medicine—is that right?

There are some of us on the committee that feel like the Committee of Toxicology might be either another or a better choice to do some of those studies. I would like you to give the committee, if you would, an update on where those studies are, because I think we need to find out, and to actually do scientific studies to determine what this illness is.

And I would like to get your comments on the feasibility of whether the Committee on Toxicology, who in past situations like this has done good work and has a good reputation for being able to conduct this type of investigation whether they could conduct a study. I would like to know where that stands.

And third, if you could give us just a brief update on Dr. Shayevitz at Northampton and where that program is going and the status of that program.

Thank you.

The CHAIRMAN. Thank you. And he can answer when he makes his statement.

Mr. Everett of Alabama.

Mr. EVERETT. Thank you, Mr. Chairman.

Welcome, Mr. Secretary. Mr. Dorn, also.

I appreciate, Mr. Chairman, you and our ranking member, Mr. Stump, holding this hearing, and I will be brief.

I would like to submit some remarks for the record.

The CHAIRMAN. Without objection.

Mr. EVERETT. Everyone in this room knows we have a moral obligation to accelerate this process, or I hope that we all know that, because as you can tell by the remarks of the members of this committee, they have very strong feelings concerning this situation. And I think that we all could also admit that our veterans have an absolute right to expect us to make this work for them.

Thank you, Mr. Chairman.

[The prepared statement of Congressman Everett, with attachment, follows:]

PREPARED STATEMENT OF HON. TERRY EVERETT

Let me take this opportunity to thank you, Mr. Chairman, and the distinguished ranking minority member, Mr. Stump, for conducting this hearing so that this committee can have the benefit of vital information about possible chemical exposures experienced by our troops from Secretary Brown and Assistant Secretary Dorn. I applaud your initiative to move forward with this issue as expeditiously as possible, Mr. Chairman. I look forward to what our witnesses can tell us today in order to

shed some light on the mysterious illnesses which have plagued many of our Gulf veterans, their spouses, and their children. Our veterans have a right to some answers so that we can move forward with the research activities needed to address these unfortunate conditions. Yet, we can only approach this prospect with optimism if we have the necessary details about these potential exposures. I hope these distinguished gentlemen can provide this information to us today.

I would also like to commend the VA Medical Center in Birmingham for their participation in the VA's pilot program to test veterans for health problems related to possible chemical exposure. I am certain their efforts will be most helpful in determining the most effective diagnostic techniques.

Given that the authority of the VA to provide priority care to affected Gulf War veterans expires on December 31 of this year, I feel that time is of the essence and look forward to working with my colleagues as well as with the two federal agencies represented here today in order to get the job done.

Again, I am grateful for the Chairman and ranking minority member's attention to this crucial matter.

VHA DIRECTIVE 10–94–100
October 6, 1994

ATTACHMENT B

SUGGESTED PRIMARY CARE PERFORMANCE MEASURES

The following measures are suggested for internal performance monitoring purposes. These measures are consistent with attributes of primary care. Quality and performance are not independent. Primary care programs should be monitored for quality using established standards and quality indicators.

1. UTILIZATION
   a. Bed days of care per 1,000 patients;
   b. Admission rate per 100 patients assigned to primary care provider;
   c. Average length of stay per 100 primary care patients;
   d. Distribution of outpatient visits by clinic enrollment and by number of visits per patient;
   e. Number of patients per primary care provider;
   f. Number of referrals/consults within VA per patient by primary care provider; and
   g. Number of ancillary tests per provider per 100 patients.
2. ACCESS/AVAILABILITY
   a. Percent of eligible veterans in a locally determined geographic area;
   b. Travel time to primary care site;
   c. Ratio of various types of clinicians to patient population;
   d. Lead time for routine office visits;
   e. Lead time for urgent/emergent visits;
   f. Telephone response time for patient services and
   g. Average time between time scheduled and time seen.
3. CONTINUITY
   a. Primary care provider turnover rate;
   b. Percentage of primary care patients enrolled in specialized clinic with large case management programs, such as, HIV/AIDS, oncology, mental health, substance abuse treatment, etc.; and
   c. Disenrollment rates per year and the results of disenrollee surveys.
4. HEALTH OUTCOME. Review deaths, complications, and morbidity rates.

The CHAIRMAN. Thank you. If there are no further comments—Mr. Clyburn.

Without objection, the gentleman from South Carolina's statement will be put in the record. Also, the gentleman from the State of Washington.

[The prepared statements of Congressman Clyburn and Congressman Kreidler follow:]

PREPARED STATEMENT OF HON. JAMES E. CLYBURN

Mr. Chairman, Members of the Committee, I join your enthusiasm in addressing the serious health problems being experienced by some veterans who served in the Persian Gulf War.

There is a great deal of frustration among veterans who are suffering from unexplained, "mysterious" illnesses. For many of these individuals, the maladies are serious. Some seem to have passed symptoms on to their loved ones upon returning to the states. Unfortunately, some have even died.

We must continue searching for answers to the questions we still face regarding the health problems of those who served in the Persian Gulf War. There have been significant efforts toward finding some of these answers. Through the Persian Gulf Registry examination program mentioned earlier, we now have a good record of the symptoms, and we must now find cures for these health problems.

As was also mentioned, in December, the President signed into law legislation which authorizes priority health care for Persian Gulf veterans. We must also be sure that the personnel at our veterans medical centers are adequately trained to address these health needs.

I look forward to hearing from Secretary Brown and others today about the current status of efforts to assist these veterans and what new plans they contemplate to assist those men and women who answered the call of duty.

PREPARED STATEMENT OF HON. MIKE KREIDLER

Thank you Mr. Chairman. I greatly appreciate you holding this hearing, but wish that it was not necessary. It seems that at each hearing we have on the health problems being faced by Persian Gulf veterans we discover that our governmental departments are lagging behind in their duty to our veterans.

There are men and women who served their country with honor and who are now suffering real pain, but whose treatment, diagnoses, and disability claims are being put on hold for reasons beyond their understanding and beyond my patience.

Mr. Chairman, I would like to tell the committee of a letter I received just yesterday from one of my constituents. My constituent states that her husband became ill a year before he was discharged from the Air Force in December 1992. He was denied his application for a "Medical Hold" to extend his duty in order that he might be diagnosed and treated before being discharged. Subsequently, he was unsuccessfully treated while hospitalized for what his wife calls a "Desert Storm Condition".

His physical and emotional problems continue to deteriorate his health and prevent him from working. This family's situation is made worse by the fact that he does not receive any disability compensation. He applied for this upon his discharge in December 1992 and has yet to receive any decision on his claim.

This is a serviceman who has an Air Force Achievement Medal, a Southwest Asia Service Medal with three Bronze Stars, a National Defense Medal, and numerous other commendations, and is now suffering emotional and physical pain and has no income.

It is simply wrong that a man who served his country with so much distinction is being treated as he is by our government.

I can only hope today we will hear that DoD and DVA are ready to positively resolve the situations being faced by my constituent and others.

Thank you, Mr. Chairman.

[The prepared statement of Congressman Smith follows:]

PREPARED STATEMENT OF HON. CHRIS SMITH

Thank you, Mr. Chairman, for calling this important hearing to assess the potential exposure of Persian Gulf veterans to chemical warfare agents.

Mr. Chairman, since the end of the Persian Gulf war nearly four years ago, a multitude of veterans have experienced a number of maladies ranging from fatigue to memory loss to dizziness. These illnesses have raised the possibility that many Persian Gulf veterans may have been exposed to chemical agents during their time in the Middle East.

Two of my constituents, Sgt. Dan Braun and Spec. Mark Panzara, were among the first Persian Gulf veterans to be afflicted with these mysterious illnesses. The two, who served with the 144th Supply Company of the New Jersey National Guard, worked with damaged tanks, some of which were radioactive. Upon their return home, they both began experiencing unexplained illnesses, such as persistent headaches and skin bruises. Clearly, the federal government had to act to ensure that these veterans would not go untreated.

Through your able leadership, Mr. Chairman, legislation creating a Persian Gulf War Veterans Health Registry, was passed by Congress and signed into law by President Bush in November of 1992. This program allows veterans, like Sgt. Braun and Spec. Panzara, who believe that they may have been exposed to environmental hazards during their service in the Persian Gulf to come to a VA hospital for a free examination. As an original cosponsor of this legislation, I am glad that Persian Gulf veterans were given this needed priority.

Mr. Chairman, I was also honored to work with you and Dr. Rowland, among others, in crafting legislation signed into law late last year that gives the Veterans Affairs Department the statutory authority to treat the illnesses of Gulf War Veterans as service-connected conditions.

It is vital that we do all we can to assist these veterans, who so ably served our country with honor and distinction and have been the victims of mysterious diseases upon their return. Both the VA and the Department of Defense have a very important role to play in this responsibility.

I would like to again welcome our distinguished panelists and look forward to hearing their testimony.

[The prepared statement of Congressman Stearns follows:]

PREPARED STATEMENT OF HON. CLIFF STEARNS

Thank you, Mr. Chairman.

I hope from the testimony today this committee can be given assurances by DOD and the VA that they continue to both aggressively treat symptoms associated with Desert Storm Syndrome and investigate its cause or causes.

This committee needs clarification from DoD as to what information they have on the possible causes or chemical agents that may have been used on our troops serving in the Gulf. There also needs to be an explanation of why DOD maintains there were no recorded detection in the field or subsequent health effects, which seems to be a odds with statements from our troops both then and now.

On a somewhat different note, I'd like to bring to the attention of both Secretary Brown and Secretary Dorn a very disturbing incident. A constituent of mine brought to my attention the plight of her husband who is currently serving in the military. He appears to be suffering from the Desert Storm Syndrome. At a medical facility this marine was told by the attending military physician that he, the doctor, had never heard of Desert Storm Syndrome and had no information or knowledge of any kind of resources to treat such a malady. Mind you this is from a military doctor serving military personnel!

I am astonished that such an incident occurred and will be asking both of our witnesses as to their department's efforts to educate their own personnel. Perhaps all branches of the service need to be provided more thorough information and specific personnel be assigned to see that the information gets out.

Again, thank you, Mr. Chairman and look forward to the testimony of our witnesses.

The CHAIRMAN. The chair recognizes the Secretary of Veterans Affairs, Mr. Brown.

STATEMENT OF HON. JESSE BROWN, SECRETARY, DEPARTMENT OF VETERANS AFFAIRS

Secretary BROWN. Thank you, Mr. Chairman. Mr. Chairman, I would like to personally thank you for giving me the opportunity to discuss the health problems of our Persian Gulf veterans. I want to start by emphasizing one key point.

While there may be questions about the causes of health problems of some veterans, there is no question that many veterans are sick and need help. We have seen the statistics and we have heard the personal stories of Persian Gulf veterans who are suffering, and I say to you, sir, that we must be responsive.

Mr. Chairman, I have been deeply moved by what I have heard and what I have seen. Veterans are suffering from chronic fatigue, memory loss, painful joints, and other physical and psychological problems. That is why I made this issue a top priority from the beginning of my tenure at the VA. That is why we are doing every-

thing possible to help those who are suffering right now, while we continue to look for more complete scientific answers, and that is why we will give veterans the benefit of the doubt on all questions about problems that may be related to service in the Persian Gulf.

Before describing the steps VA and others are taking, let me comment on reports of the presence of chemical agents in the Gulf. The level of public concern was raised following a report that an allied chemical detection unit found traces of the nerve agent, Sarin, and the blister agent, mustard gas, during the war.

VA and Congress must rely on the Department of Defense for information about what occurred during that war, but at the same time VA has a responsibility to remain sensitive to the concerns of veterans. So we have had an open mind from the beginning. Our search for answers does not rule out chemical agents, and I am very pleased that the Department of Defense shares that view.

On October 7, 1993, in announcing an expansion of research efforts, I noted that one of the growing concerns over the health consequences of Gulf service was chemical agents. I said at that time we must do everything we can to get answers. On November 1, 1993, the Birmingham VA Medical Center was selected to review the scientific literature on the effects of VA chemical agents.

They have developed a specialized neurological examination protocol involving Persian Gulf veterans from Alabama and Georgia. This effort will serve as a focal point for chemical agent studies. The testing will not confirm exposure to any particular agent, but we believe that these examinations will detect the types of disabilities that may result from exposure and perhaps provide clues for future diagnoses and treatment.

There is a debate as to whether low level exposure to chemical agents causes health problems. Mr. Chairman, let me state the VA's position. We will not prejudge this issue. We will pursue all scientific avenues until we have complete answers.

Mr. Chairman, I would like to thank you for your support on one major development which will help us find the answers fast. On January 21st, the Secretaries of Defense and Health and Human Services joined me in announcing the formation of a new Interagency Board to work on this issue. The Persian Gulf Veterans Coordinating Board would merge the expertise and the capabilities of each of our Departments. We will work closely together to find the cause of the problem, to provide treatment, and to develop guidelines for compensation.

Mr. Chairman, my complete prepared testimony presents a description of the VA's many initiatives already underway or soon to begin. We are actually proceeding on three tracks at the same time, but our priority must be in the area of providing help now.

Immediate medical care is the first track, and we greatly appreciate the efforts of this committee in developing and enacting legislation to provide special eligibility for the care of Persian Gulf veterans. Since the President signed Public Law 103–210 on December 20, 1993, we have been authorized to give Persian Gulf veterans priority care on both an inpatient and outpatient basis. As you know, this legislation expires on December 31, 1994. We urge prompt congressional action for an extension.

Meanwhile, I have directed that the VA staff be sensitive to the seriousness of these veterans' complaints and that they be treated with sensitivity, compassion and dignity. I will accept nothing less.

The VA also provides special treatment for Persian Gulf veterans with unusual symptoms which cannot be diagnosed. These veterans are referred to one of three special referral centers at L.A., Houston and Washington, DC. To date, 68 of these difficult cases have been admitted to the Centers and we have been successful in finding a diagnosis in 94 percent of these cases.

In 1991, the VA established the Persian Gulf Registry. The 13,000 veterans now in the Registry have been provided a comprehensive physical examination, baseline laboratory tests and other tests when indicated. We are closely monitoring the Registry to identify any patterns of illness or complaints, and we are now implementing several improvements in the Registry as recommended by the Office of Technology Assessment.

Last year, we established a Persian Gulf Scientific Panel composed of experts in environmental and occupational medicine. We have now chartered this panel as a permanent advisory committee, and these experts from inside and outside government will continue to advise us on diagnosis, treatment and research of Persian Gulf-related health conditions.

The second track involves our research program. President Clinton has designated VA as lead agency for all Federally funded research into health effects of the Persian Gulf. We have now held two meetings with representatives of Defense, HHS, and EPA in this effort.

The new Interagency Coordinating Board will convene an independent group of experts this spring under the guidance of NIH. They will evaluate current scientific knowledge on this issue and recommend priorities for future research. We are asking them to develop a case definition for the unexplained illness of Persian Gulf veterans. And VA and DOD have awarded a contract to the National Academy of Sciences for an independent research review of the possible health effects of Persian Gulf service.

At the recommendation of a VA working group that included veteran service organizations, we will be establishing our own research centers. Each center will include scientists specializing in the study of toxic and environmental hazards.

The third track of our response to this issue is disability compensation. As you know, we have modified our benefits program for Persian Gulf veterans. Claims for disability due to exposure to environmental hazards are centralized at our Louisville, Kentucky, office, and I am pleased to report that criteria have been established to grant service-connection for chronic fatigue syndrome. Of course, the new case definition for unexplained illnesses, which I mentioned earlier, would be valuable in this context.

Mr. Chairman, we are doing everything that we think is possible and reasonable. We are open to suggestions from all concerned. It is important that we have regular exchanges of information with our veteran service organizations. We are doing this through their representation on the Advisory Committee as well as providing them with continuing updates. If you, Mr. Chairman, or any other member of this committee or anyone else believes we should be

doing something that we are not doing, we want to hear from you. Please let us know.

Mr. Chairman, in closing, I want to make it very, very clear that this Secretary of Veterans Affairs does not intend to repeat the mistakes made in the past with respect to Agent Orange, ionizing radiation, LSD and mustard gas. I am reminded of Maya Angelou's poem in which she said, "History, despite its wrenching pain, cannot be unlived. But if faced with courage, need not be lived again." We must not allow history to repeat itself.

The veterans who served in the Persian Gulf did not hesitate to put their lives on the line for this Nation. Now, this Nation must not hesitate to carry out its moral obligation to them—our moral obligation to put veterans first.

Mr. Chairman, this concludes my statement. I will be pleased to respond to any question that you or any member of the committee may have.

[The prepared statement of Secretary Brown appears at p. 67.]

The CHAIRMAN. Thank you for that statement.

We realize we have a problem in our PA system. In this age of electronics, we are going too fast. We can't really fix the problems.

The chair recognizes the gentleman from the Department of Defense, the Honorable Dr. Edwin Dorn, Assistant Secretary of Defense for Personnel and Readiness of the Department of Defense.

Dr. Dorn.

STATEMENT OF HON. EDWIN DORN, ASSISTANT SECRETARY OF DEFENSE, PERSONNEL AND READINESS, DEPARTMENT OF DEFENSE

Mr. DORN. Thank you, Mr. Chairman. I am pleased to appear before your committee to discuss the health concerns of Persian Gulf veterans.

Mr. Chairman, I have submitted a statement for the record. If I may, however, I would like to take a few minutes merely to summarize that statement.

The CHAIRMAN. Without objection.

Mr. DORN. First, let me emphasize that I share the concerns and, indeed, the frustration that several members of this committee expressed in their opening statements. We at the Defense Department share your determination to ensure that our veterans are provided the very best treatment that is available, to ensure that—where necessary—appropriate compensation and disability provisions are made, and most fundamentally, to get to the bottom of the problem, to understand the causes of the symptoms that appear to be affecting several hundred veterans.

Secretary Brown mentioned the Persian Gulf Veterans Coordinating Board. Additional information on that is in our statements, so I will not describe it in detail, except to reiterate its fundamental purposes, which are to ensure that our executive agencies—VA, DOD, and HHS—share a common understanding of the problem and of the priorities that we are trying to address.

Second, to ensure the most effective allocation of resources among our agencies.

And third, to ensure the systematic and timely dissemination of information both among our agencies and to the general public, particularly to the Congress.

Mr. Chairman, if I may, I would like to take a moment to put in perspective the matter we are talking about today, which is the undiagnosed symptoms affecting several hundred veterans. It is important to keep in mind that more than 650,000 U.S. military personnel served in the Persian Gulf region. Together, DOD and VA have treated thousands of those veterans for readily diagnosable illnesses or injuries resulting from their service in the Gulf.

We also reacted, I think, in prompt fashion to some concerns about illnesses. Most notably, we began conducting research early on to assess the potential effects of the Kuwaiti oil fires and depleted uranium shrapnel which remains lodged in several of our veterans.

Of the 650,000 military personnel who served in the Gulf, so far we have identified several hundred, roughly 60 still on active duty, and thus in the DOD medical system, and about 460 who have left active duty and are in the VA system, who have a series of symptoms whose causes we do not fully understand.

We have undertaken a major effort, more than 20 research studies among our three agencies, to understand what may be the causes of those symptoms. Secretary Brown has already identified some of the symptoms, the gastrointestinal discomfort, the chronic headaches, the memory loss, and so on.

I should stress that we are considering every plausible possibility from infectious diseases to the possible effects of exposure to the Kuwaiti oil fires to industrial pollutants to other chemical agents, including those Secretary Brown mentioned. Of the 650,000 personnel who served in the Gulf, only one was thought at the time of that conflict to have experienced any type of symptom resulting from a chemical agent.

And, as members of this committee have heard before, that diagnosis, made in the field, was rendered somewhat ambiguous by subsequent detailed laboratory examination.

Nevertheless, we take these matters very, very seriously. I agree with you, Mr. Chairman, and with other members of this committee. I certainly agree with Secretary Brown that we owe our veterans nothing but the best in terms of treatment and in terms of understanding.

You mentioned a puzzle, Mr. Chairman, that we are trying to solve. I do not believe the pieces of that puzzle will come together quickly. We are working as expeditiously as we can. We will be pleased to share with members of this committee, the list of research projects we have undertaken.

I want to close, Mr. Chairman, merely by reemphasizing my personal concern and the concern of everyone in the Defense Department to work in close coordination with the Veterans' Administration and with HHS to understand what is going on here.

We do not at this time have the ability to establish a connection between the symptoms being experienced by these several hundred veterans and anything they may have been exposed to in the Gulf.

The purpose of our research is to establish whether there is a connection.

Mr. Chairman, thank you for your patience.

The CHAIRMAN. Thank you, Mr. Secretary, for that very strong statement.

[The prepared statement of Mr. Dorn appears at p. 99.]

The CHAIRMAN. The chair will operate under the 5-minute rule for members, including himself. That is rather unusual.

The chair is pleased to announce we have Martin Lancaster, a Member of Congress from North Carolina, and also Congressman Paul McHale from Pennsylvania, who are not members of this committee. But we appreciate you being here. And, if you can stay around long enough, certainly you will be permitted to ask any questions of our witnesses.

Both Mr. Secretaries, I appreciate your testimony. As I said earlier, this is the eighth hearing we have had now. We have the research started. I think we need to get some answers. I know you feel the same way.

But we ought to try to wrap this thing up by this summer, if possible, to come up with what is causing these sicknesses. We just can't continue to drag it on.

I certainly hope that you, General Blanck, and Dr. Mather, who were in Mississippi—I appreciate both of you being at that hearing. We have got to close this out. We can't let it go on as long as Agent Orange. We have got to come up with some answers.

Now, let me move in the time I have left to the VA Secretary pertaining to our VA hospital at Sepulveda, CA. This hospital, I believe the President has submitted a supplemental request of $45 million.

For the members of the committee, this hospital was damaged. All 300 patients of that VA hospital were moved out of the hospital, as I understand it, and they are not back in.

We were told it would take $150 million to put that hospital back in operation and move those patients in. Is $45 million enough? Does that cover construction?

We have already lost one hospital out in California. Being on a fault, they had a quake there. It brought us down from 172 to 171. Now this hospital has had to be closed, as I understand it.

Would you bring the committee up to date? Is $45 million enough?

We probably will vote on this supplemental either today or tomorrow, on the quake funds and also other supplemental funds.

Secretary BROWN. Mr. Chairman, it is my understanding that the supplemental request contained about $70 million, $26 million of which will allow us to continue to defray the cost of transferring the 331 patients to other locations.

The $45 million or $50 million is primarily for cleanup. We are in the process right now of trying to evaluate exactly what our options are. We do not have the engineering report that describes the extent of the damage, so at this point in time we have not made any decision on exactly what our future actions will be.

I can tell you, sir, that we have a commitment from OMB that will give us the necessary funding to move forward on any of those options once they are defined, and it will come out of the contin-

gency fund. There is a $400 million contingency fund in that $6.6 billion supplemental, and we look to get part of that to defray any construction that will take place as a result of that natural disaster.

The CHAIRMAN. You are telling me the Administration is committed to provide funding to repair or replace the hospital, not to close it?

Secretary BROWN. No, sir. At this point in time we have not received the necessary information to move forward on any of the options. But we have a commitment, because I wanted to make sure we were protected here. We had a number of conversations with Mr. Panetta, and he has assured us there will be appropriate funding within that contingency fund that will allow us to move forward once we identify what options we want to pursue.

The CHAIRMAN. Well, it sounds like you are telling me that the hospital will stay open?

Secretary BROWN. Well, I am telling you that our mission remains the same. We have veterans out there. There is a clear need. But I can't tell you whether we are going to tear that building down, or we are going to try to repair it. That is the kind of information we need before we can make a decision or make a recommendation on exactly where we are going to move forward.

The CHAIRMAN. Mr. Stump.

Mr. STUMP. Thank you, Mr. Chairman. Gentlemen, let me thank you for your testimony.

Secretary Brown, you made the statement that in one of your Persian Gulf War studies that concluded that those that were serving in the Guard and Reserve were more apt to get a Registry examination than those in active service. Is there any explanation for this?

Secretary BROWN. I am going to ask Dr. Mather to respond to that.

Dr. MATHER. At this point we don't have an explanation for it. However, people in the Guard and Reserves would come early to the VA since they are not in the active duty when they returned home and therefore don't have access to military media. Many of the people who served on active duty are still in the military and therefore probably would not use the VA registry examination but would go to a DOD facility for care. But other than that we have no explanation.

Mr. STUMP. Thank you.

Secretary Dorn, have you been able to find any difference or any variance between the Services, the various branches of the Services?

Mr. DORN. With respect to——

Mr. STUMP. Any medical or reported illnesses of any kind?

Mr. DORN. Let me ask General Blanck, because he's been following this rather closely. I suspect there are.

General BLANCK. There are differences. The Air Force has very, very few members complaining of this. They had very few reservists there as well.

The bulk of the individuals complaining are from the Army or the Marine Corps, with also a group particularly from the Navy Seabees, and they tend to be from the rear areas; that is, they are

in the support units as opposed to the combat arms. That is what we see in the Army, the Marines, and, of course, in the Seabees.

It may also be at least a partial explanation why there may be more reporting in the reservists than in the active because they tended to be in combat support and combat service support, though I agree with the comment that there is some underreporting clearly in the active side.

Mr. STUMP. Thank you. Thank you, Mr. Chairman.

The CHAIRMAN. General Blanck, why don't you and Dr. Mather just stay up at the witness table.

The chair recognizes Mr. Evans of Illinois.

Mr. EVANS. Thank you, Mr. Chairman.

Mr. Dorn, earlier this year Saudi Arabian officials confirmed Allied reports that the U.S. military was notified in January 1991 of the detections of chemical weapons by the Czech and French units. When was DOD first informed of these detections?

Mr. DORN. Mr. Evans, you are referring to a detection on January 19. Central command was notified of that detection soon after it occurred. As a matter of fact, a U.S. chemical unit that was sent to verify that detection failed to verify it.

There are, however, other detections that we have learned of only quite recently.

Mr. EVANS. Mr. Secretary, this was reported, was it not, but by the Saudis to the U.S. in January of 1991? Is that correct?

Mr. DORN. One detection, the January 19 detection was reported to the commanders of the coalition forces soon after it occurred. That is right, sir.

Mr. EVANS. Then discounted, I guess is what you are saying.

Mr. DORN. It could not be verified. That is, we sent a second unit to that region and could not verify the detection.

Mr. EVANS. Why did the Department of Defense wait over two years before notifying Congress that chemical weapons were detected during the Persian Gulf War? Because this has been, you know, something that Congressman Kennedy, Congressman Buyer, and myself and many other members have been pursuing separately with the Department of Defense. It wasn't until last summer, essentially, or even the fall, that we found—after repeated requests, that we obtained this information. Can you tell us why, Assistant Secretary?

Mr. DORN. I can't tell you the entire history, Mr. Evans. I would suspect that our concern was to alert the Congress of confirmed detections. This did not fall into that category. We since have accepted that and one other detection as valid, although unsubstantiated.

Mr. EVANS. Did you inform—did the Department of Defense inform the Veterans' Administration of the possible use of chemical weapons? And are there any other detections that the VA or the Congress has not been told about?

Mr. DORN. Mr. Evans, we have no evidence that either the Iraqis or any member of the coalition forces used chemical weapons in the Gulf.

Mr. EVANS. We have no evidence but we know that there was at least a spill of some kind of gas or agent.

Mr. DORN. We know that agents were detected. Generally, when one talks about the use of chemical weapons one talks about their use in warfare.

Mr. EVANS. Were there any other detections then of chemical weapons that have not been made known to this Congress or to the Veterans' Administration at this point?

Mr. DORN. Well, I will have to check on what we have told you. Dr. Blanck and I went on a trip to Europe to visit the Czech Republic, and our other coalition partners, in December. General Blanck has just come back from a trip to the Middle East visiting the Saudis. We will certainly notify you if there are additional reports of detections.

(The information follows:)

As of February 5, 1994, there was only one detection that was reported as confirmed. On March 2, 1991, there was a possible mustard burn to a soldier involved in examining Iraqi bunkers in SE Iraq. There are no other detections that the Department has confirmed as chemical warfare agents.

During the summer of 1993, the Czech Republic announced that their forces detected chemical agents during the war; their announcement did not conclude that there was use of chemical agents by Iraq. The Czechs discounted the possibility that the agents detected could have been the result of Iraqi activity, since there were no artillery, rocket or missile attacks in the area, no evidence of craters or other impact debris, and no enemy aircraft in the area.

In September 1993, we sent a team of three specialists to Prague to meet and discuss with the Czechs the facts surrounding their assertion that they detected chemical agents during the Gulf War. The team assessed the training, equipment, technical competence and procedures employed by the Czech personnel. The team concluded that the Czechs did detect agents but because no samples were taken for later analysis and no other independent vertification was made, we have no way to confirm the Czech reports. No new information has come to light that would allow us to confirm these or any other reports.

We have not yet received from the French the details of the incidents that they described to Senator Shelby during his CODEL trip. We do not have sufficient information to analyze and evaluate the French incidents. However, we intend to thoroughly review all information on the French reports as soon as it is available.

We will keep the Congress and the VA informed of any new information relating to possible chemical warfare detections.

Mr. EVANS. Let me shift ground just a little bit. How many service personnel who served in the Persian Gulf War have received, been granted medical discharges?

Mr. DORN. My notes, Mr. Evans, indicate that to date we have reviewed 3,014 cases, and of those 2,386 have been found to be permanently or temporarily unfit for military service.

Mr. EVANS. And how many are pending at this time?

Mr. DORN. I can give you that information, sir. I will.

Mr. EVANS. Okay. If you could give us that information for the record I would appreciate it, as well as breaking down the symptoms reported in the cases that have been granted so far and the average disability ratings given for these discharges. If you could supply that to the committee, I would appreciate it.

Mr. DORN. I will.

(The informationn follows:)

ARMY. There are approximately 7,000 cases of Persian Gulf War (PGW) veterans under review by the U.S. Army Physical Disability Agency. So far, 588 Army PGW veterans have been medically retired. The average disability ratings by disabling conditions for Army PGW veterans who have been found permanently disabled are provided in the following table. The average disability rating was approximately 50% for the 588 Army PGW veterans.

ARMY PGW VETERANS DISABILITY/RATING

Functional Area	# of cases	Average Rating
Arthritis	39	28%
Arm	40	46%
Leg	58	40%
Back	73	45%
Eye/Ear	49	38%
Infectious Diseases	17	71%
Respiratory	28	41%
Heart/Vascular	57	42%
Gastrointestinal	17	54%
Male/Female Genitourinary	15	82%
Hematology	8	91%
Skin	6	55%
Endocrinology	8	40%
Neurology	103	57%
Psychiatry	70	42%
TOTAL	588	

NAVY. The Navy is currently evaluating its disability data. The results of their analysis will be forwarded as soon as it is available.

AIR FORCE. The Air Force has only one Persian Gulf War (PGW) veteran currently in its disability system. This member lost portions of one arm and one leg when he stepped on a land mine in October 1993. A total of 68 PGW veterans have been permanently retired or discharged by reason of physical disability. A breakdown of the Air Force Persian Gulf War disability discharges for its veterans follows.

U.S. AIR FORCE PERSIAN GULF WAR DISABILITY DISCHARGES

Diagnosis (not Symptoms) *VASRD Code*	Disability Retirement No.	%(3)	Disability Disch w/pay (1) No.	%(3)	Disability Disch wo\pay (2) No.
5003 (arthritis, degenerative)			2	10	
5010 (arthritis, trauma)					1
5055 (knee, replacement)	1	30			
5201 (arm, limitation of motion)			1	10	
5202 (humerus, impairment)			1	20	
5213 (supination and pronation, impairment)			1	20	
5215 (wrist, limitation of motion)			1	10	
5227 (finger, ankylosis of)			1	10	
			3	20	
5262 (tibia/fibula, impairment)			1	10	
5293 (intervertebral disk syndrome)	1	40	8	20	
5295 (lumbo sacral strain)			2	10	
			5	20	
5299 (skeletal, general)	1	40	1	10	
			2	20	
skeletal system sub-total %(4)	3	40	29	20	1
6399 (systemic disease, general)			1	10	
6602 (asthma)	1	30	2	10	
6819 (lung, new growth, malignant)	1	100			
respiratory system sub-total %(4)	2	70	2	10	
7005 (arteriosclerosis)					1
7006 (myocardium, infraction)	2	30			
7017 (coronary bypass)					2
cardio vascular system sub-total %(4)	2	30			3
7203 (esophagus, stricture of)					1
7312 (liver, cirrhosis of)			1	20	
7314 (cholecystitis)			1	10	
digestive system sub-total %(4)			2	20	1
7702 (agranulocytosis)					1
7709 (lymphogranulomatosis)					1
lymphatic system sub-total %(4)					2
7806 (eczema)			1	20	

U.S. AIR FORCE PERSIAN GULF WAR DISABILITY DISCHARGES

Diagnosis (not Symptoms) VASRD Code	Disability Retirement No.	%(3)	Disability Disch w/pay(1) No.	%3	Disability Disch wo/pay (2) No.
7913 (diabetes)			1	20	
8100 (migraine)			1	20	
8520 (sciatic nerve, paralysis)			1	20	
8720 (sciatic nerve, neuralgia)			1	20	
8910 (epilepsy, grand mal)			2	10	
8914 (epilepsy, psychomotor)			1	20	
neurological disorders sub-total %(4)			6	20	
9205 (schizophrenic, other)			1	10	
9206 (manic depressive)	1	30	1	10	1
9207 (psychotic depressive)					1
psychotic disorders sub-total %(4)	1	30	2	10	2
9310 (chronic brain syndrome certain cause					1
9400 (anxiety reaction)			1	10	
9405 (depression reaction)			1	10	
9409 (hypochondriasis)					1
9499 (psychoneurotic, other)			1	20	
psychoneurotic disorders sub-total %(4)			5	10	1

NOTES:
(1) A disability discharge that entitles the member of disability severance pay because the compensable rating is less than 30 percent
(2) A disability discharge that does not entitle the member to disability severance pay because the disability was determined to be existing prior to service and was not service aggravated or the member was found not to be in the line of duty
(3) The compensable rating which determines eligibility for disability retirement (30% or greater equates to retirement) and certain tax benefits if authorized under law.
(4) Disability ratings are in 10% (or 10% multiple) increments(s). Such ratings are never averaged because they are used to determine entitlements and are not a direct measurement of the severity of impairment. However, for this analysis we have averaged the compensable ratings and rounded up to the nearest 10% increment.

Mr. EVANS. I yield back the balance of my time, Mr. Chairman.

The CHAIRMAN. Thank you, Mr. Evans.

The chair will come down the list of the members who were here when the gavel came down.

Mr. Sangmeister, also of Illinois.

Mr. SANGMEISTER. Thank you, Mr. Chairman.

Secretary Brown, I am looking at the written testimony you furnished to the committee. I notice that you are requesting, I guess, a report from the National Academy of Science, which is a very respected organization.

But I also notice that the report as to whether or not chemical weapons is a cause for all of these complaints that we are receiving from our veterans is not due till October of 1995, and you hear the chairman is calling to wind this thing up as soon as possible. Is there going to be any kind of interim report from that organization?

Secretary BROWN. There will be an interim report this summer.

Mr. SANGMEISTER. Okay. And you will make that available to the members of the committee here?

Secretary BROWN. Absolutely, sir.

Mr. SANGMEISTER. Okay. Also in your written testimony you are talking about the fact that there have been many cases filed. But 1,124 cases have been decided, and out of those 1,124 cases you have found that there has been exposure in 171 cases as a service-connected disability.

The thing that I find difficulty in is that 953 veterans have been found not to have a service-connected disability. When you don't know whether or not the chemicals have been used and affected a particular veteran, what criteria is being used that 171 have been found to have a service-connected disability and the other 953 did not?

Secretary BROWN. Right now we are using our current standards to adjudicate cases, and there are a number of tests we have to observe. First, we have to show that a disability exists, and that is one of the difficult problems we are having at this point. It has to be defined.

Number two, we have to show that that disability happened concurrent with an individual's active service. For us it doesn't matter whether or not it was the result of exposure to chemical agents or anything else. Our whole effort is to show that it happened while that individual was in the military.

The problem we are having at this point in time is that we are looking at the full gamut. There are a number of disabilities we are unable to define, and that is the reason we are focusing our attention on a case definition, so we can bring together all these questions.

Now, there are many things we can do. For instance, the complaints we see, we can evaluate. We can service-connect things like skin disorders. We can service-connect joint pain. Anything that we have been doing in a normal course.

But when it gets down to how we bring all these things together under a definition of Persian Gulf syndrome, it is very, very difficult. That is one of the reasons we are moving forward on a 3-track direction, one of which is the evaluation of disability.

Mr. SANGMEISTER. So, in other words, these 171 cases where disability was found may have been found for something else other than relation to chemical weapons?

Secretary BROWN. Yes, sir. These were not necessarily related to chemical weapons. We know the vast majority of them are respiratory disorders, and generally, if we can define it—I am talking about if an individual clearly has asthma or some type of bronchial condition or obstructive disorder of the lower respiratory tract—we can service-connect that if it is shown while in the Service. We can do that.

But the problem we are having is trying to figure out what the veterans are suffering from so we can pull it together as a disability entity. I think we have made some progress. For instance, we have historically not been able to evaluate chronic fatigue in and of itself. We always looked at chronic fatigue as a manifestation of some underlying disorder. Now, we have broken that apart and given it a diagnostic code by itself. If veterans fall within that definition now we can actually service-connect it.

Now, it still presents some problems. It is not as clear as I would like it, because we now will have the problem of showing that the chronic fatigue our veterans are now suffering from began while they were in the military.

I would suspect, sir, that when we look at everything we are going to probably find a number of causes for the complaints we see. They may range any where from leishmaniasis to multiple chemical sensitivity syndrome to exposure to chemical or biological agents.

And I might add that we are making progress. We have set up the Research Center in Birmingham, Alabama, to develop a protocol. There are no biomarkers for exposure to chemical agents at this time. But, knowing the probable consequences of exposure, we can look very carefully to see if it falls within any pattern, and I think that we are making progress in that direction.

The CHAIRMAN. Thank you.

The chair recognizes the gentleman from Tennessee, Mr. Clement.

Mr. CLEMENT. Thank you, Mr. Chairman.

Secretary Brown, what is the role of the Center for Disease Control in researching the soldier's ailments and their children's ailments?

Secretary BROWN. I am glad you mentioned that. I had a note here that I am due to respond to a question dealing with the health problems or birth defects of children of some who served in the Persian Gulf. We have a number of scientific entities involved. CDC is one of them. The Mississippi State Department of Health is one. The University of Mississippi Department of Pediatrics is another. And, of course, the VA Medical Center. So we are trying to bring all these together to figure out exactly what is happening, and we do have some information.

I would like for Dr. Roswell to give us a brief summary of what we have learned so far.

We will play musical chairs here.

Dr. ROSWELL. Thank you. To date, we don't have definitive answers. What it appears that we are seeing is higher than expected

incidents of reported childhood health problems in children born to members of the 624th Quartermaster Corps out of Waynesboro, MS.

A survey conducted by members of that unit suggested that approximately 37 of 55 children born to members of the unit may have had childhood health problems. The VA, working in collaboration with the Center for Disease Control and the other institutions Mr. Brown alluded to, have been very aggressive in trying to obtain the medical records to allow the collaborative effort to examine what, if any, excess health problems are being seen in this group of individuals.

Because it requires a release of information, a legal document for us to be able to obtain the medical records, we have been hampered somewhat. However, a number of members have provided that release of information, though not all to date, and we are in the process of obtaining those medical records for the review process.

Mr. CLEMENT. Well, I know a lot of veterans are very concerned for their children and those that want to have children for the future about their exposure in the Persian Gulf for many contaminants, including chemical and biological warfare.

I would also like to ask you, Secretary Brown—we passed a bill which authorized Persian Gulf veterans to receive priority treatment at VA facilities provided their ailments can be reasonably associated with their service in the Gulf? Is there anything which we need to add or change, or how effective do you think the VA has been in providing services to these veterans?

Secretary BROWN. I think it has been very, very effective, sir, and I am glad you asked what needs to be done to improve it. As you know, that law will expire on December 31, 1994. We believe consideration should be given to extending it.

So, I would request that this body carefully review that, and I and my entire staff will be very, very pleased to work with you to determine exactly what time frame, what additional time we will need to find the answers to this very complex question.

Mr. CLEMENT. Dr. Dorn, Chairman Montgomery said awhile ago he wanted to wrap it up no later than this summer. But I noticed in your statement you commented about a number of the symptoms we still just don't understand. You also said it is a puzzle. This puzzle would not altogether come to us quickly.

Now, do we have a conflict in what you said versus what Chairman Montgomery would like to see happen?

Mr. DORN. I don't believe there is, Mr. Clement. It may be that as our research proceeds we can reach some definitive conclusions about certain things rather quickly, certainly by this summer.

However, keep in mind that one of our goals is to assess the long-term health effects of certain types of exposures, including the exposure to the depleted uranium shrapnel. That is a multi-year project; one that will not come to fruition by this summer.

There are also questions about the potential long-term effects of exposure to minuscule amounts of chemical agent. I believe we will have a fairly firm fix on that by this spring. So, some things will come together by the time Chairman Montgomery suggested. I am not optimistic that we will have the answers to all of these ques-

tions, certainly not when it comes to looking at long-term health effects.

Mr. CLEMENT. Dr. Dorn, in previous hearings we were told that no other nations had reported similar problems. Has this changed? Are we in contact with other nations regarding their experiences with similar ailments? And when was the last time we checked in with the other nations participating in the coalition in the Persian Gulf?

Mr. DORN. General Blanck may want to comment a bit on that since he has just come back from the Middle East.

Mr. CLEMENT. Okay. That will be fine. Thank you.

Mr. DORN. We have been in touch with coalition partners. We are getting back in touch with our coalition partners to ensure that we have gone through our military channels, our intelligence channels, and our diplomatic channels to secure the answers to three vital questions.

First, did you or did your units detect any chemical agents? Second, did your units possess chemical agents? And third, are any of your veterans ill?

So far most of the nations with whom we have had contact have indicated that they do not have the types of problems that are turning up among our veterans. There are some exceptions.

We spoke with a group of Czech veterans, a group no longer in the service who came forward to tell us that they thought some of their colleagues were experiencing problems. We have had a similar assertion, not supported by evidence, from a lawyer who claims to represent a group of veterans in the United Kingdom. But so far, our official channels have not turned up the types of concerns that this committee is discussing today.

General Blanck may wish to add to or qualify that.

The CHAIRMAN. The time of the gentleman has expired. But go ahead, General Blanck.

General BLANCK. Thank you, Mr. Chairman.

I would only add that I asked the question of the governments in all of the countries I visited, which are all of the Middle East countries to include Israel, which, while it had no forces there, certainly has intelligence, knowledge of chemical capabilities and illnesses in that area. I also reviewed the medical evaluations of those veterans in the Czech Republic that feared their problems were due to service.

They all had normal diagnoses of things from stomach cancer to rheumatoid arthritis to hepatitis B. Some had existed before service. Some did not. They may have been connected, but it was not the kind of unknown illness that we are talking about here.

You have heard Secretary Dorn speak of the assertions made by a lawyer in Great Britain. He would not give Senator Shelby, myself, or for that matter the British government, the names of those individuals claiming that they have problems, and the British government has appealed on TV and through the media to have anybody with problems report in so they could be evaluated.

They had 30 such reports: 17 were well and only had questions: 13 contended they had problems; and 11 of the 13 were evaluated and had normal diagnoses.

So, my conclusion, with the qualifier of the lawyer contending he has cases, is that no other country reports any illnesses, to include the Saudi and Kuwaiti civilian population with whom I checked, and with American contractors, U.S. citizens who were there during the war working for various Saudi industries who also do not have and do not know of any illnesses.

The CHAIRMAN. Thank you.

General Blanck, in Mississippi I believe you did say that you would hope to have some answers by this summer. That is why I have been using that.

General BLANCK. Yes, sir.

The CHAIRMAN. Is that correct?

General BLANCK. Yes, sir. We should have, I think, some definitive answers on a number of these things. But as pointed out, the long-term studies, for example, the research in multiple chemical sensitivity, will take a considerable length of time to do.

The CHAIRMAN. The chair recognizes the gentleman from South Carolina, Mr. Clyburn.

Mr. CLYBURN. Mr. Chairman, I would like to ask a question about the civilian personnel working particularly in and around the fires. The numbers of people who were involved in that and whether or not there have been any kind of complaints or other kinds of diagnoses regarding the health of those people who worked directly in and around the fires.

General BLANCK. Yes, sir. We talked, first of all, some months ago with Red Adair and folks in his organization. They have no illnesses. Then on my recent trip to Saudi Arabia I spoke with several individuals who were both in charge of and did the bulk of the work in putting out the oil well fires. They also have no illnesses and are aware of none.

Mr. CLYBURN. How about the numbers of people we are talking about?

General BLANCK. I interviewed approximately 22 or so individuals in Al Jubayl in Saudi Arabia. The numbers that were involved in that are somewhere between 500 and 700.

Mr. CLYBURN. Between 500 and 700?

General BLANCK. That were actually working on putting out the oil well fires. There were probably more involved but that is the number that these individuals represented.

Mr. CLYBURN. Thank you, Mr. Chairman.

The CHAIRMAN. Thank you, Mr. Clyburn.

Mr. Bachus of Alabama.

Mr. BACHUS. Thank you, Mr. Chairman.

General Blanck, I will ask you and Secretary Brown this. I had earlier asked a question about the National Academy of Science independent investigation into whether the Gulf War syndrome exists. If so, what causes it? How do we prevent it in the future?

I would like a status report on where that study is. I know in your statement you indicated that the Medical Follow-up Agency is conducting the study. Is that part of the Institute of Medicine, first? And I want to know why we are not involving the Committee on Toxicology.

And the reason I ask is that the Institute of Medicine is the one that studied Agent Orange and mustard gas for years, and those

studies have been pretty widely criticized. And the Committee on Toxicology has done studies since the Korean War which have been widely praised on chemical warfare and its effects.

General Blanck, I think we had talked about this in Meridian and you were going to pursue that. But I want to know who is doing the study over there? Is the Committee on Toxicology involved? If not, what your rationale for that is? And what the mission of these studies is, and why they can't report back before October of 1995?

Secretary BROWN. Mr. Bachus, you raise three questions, and I would like to respond to those.

You asked about the results of the Birmingham project, sir, and I think we are making progress there. We have broken this down to four phases.

The first phase began in November of 1993, with providing counseling to veterans, their wives and their dependent children regarding the health consequences of having served in the Persian Gulf. They also act as a referral to appropriate medical authorities, if need be.

Phase 2, which also began in 1993, deals primarily with the initial physician evaluation and referral to specialty medical care. And, of course, at that time the Gulf register examination was an option.

Phase 3 started on January 12, 1994, and it provided a comprehensive evaluation of possible environmental exposure by specialists in environmental and occupational medicine.

Phase 4 began on January the 14th, and we are extremely excited about. It provides for full, comprehensive neurological testing to include intelligence, motor, memory skills and other parameters administered by a neurologist in accordance with a standardized protocol. So we are clearly moving ahead in that direction, and we are looking for some of the results.

Mr. BACHUS. All right. Let me stop you at this. We will talk about Birmingham first. But let me just quickly ask these two or three questions.

Have we had neurological examinations of the veterans? Have we actually had any examinations?

Dr. ROSWELL. A number of veterans have had neurologic examinations. A more significant component of the neurologic examination is a comprehensive battery of neuropsychological tests that look at subtle changes in the central nervous system or the brain functioning.

Mr. BACHUS. Okay.

Dr. ROSWELL. It seems to be most prevalent based on our initial symptom screening.

Mr. BACHUS. Have we detected any of those types of disabilities that result from chemical exposure?

Dr. ROSWELL. We have seen self-reported problems with memory, with attention span, with cognitive dysfunction, and we are evaluating the actual protocol that would allow us to measure the extent of that disability.

Mr. BACHUS. Those are pathological changes?

Dr. ROSWELL. That is the effort of the study, to determine exactly how pathologic the change is.

Mr. BACHUS. When will we get those results back?

Dr. ROSWELL. The study is ongoing. We hope that within another 90 to 120 days we will have enough preliminary patients evaluated to have some preliminary conclusions.

Mr. BACHUS. Okay. Good. That is what I want to know about Birmingham.

Now, I really would like an answer to the National Academy of Science study.

Secretary BROWN. The Medical Follow-up Agency, in fact, has more experience in tracking long-term medical effects than the toxicology. I am reminded that the authorizing law that permitted us to move forward on this project actually mandated us to use this particular agency.

Mr. BACHUS. As opposed to the Committee on Toxicology?

Secretary BROWN. Yes, sir.

Mr. DORN. May I add a bit to that? I was not aware of your interest, Mr. Bachus, in that particular matter. However, I should mention that in addition to the other research efforts we mentioned here previously, we have formed a Defense Science Board Task Force on Gulf War Health Effects, chaired by Nobel Laureate Joshua Lederberg.

Mr. BACHUS. Right. I know about that.

Mr. DORN. And much of their work will also speak to questions of great concern to this committee. They have a charge to do two things. One is carefully to review all of our intelligence reports to see whether or not we may have missed anything with respect to the reported detections or other incidents. The other is to look at the potential effects of low levels of exposure to a variety of agents.

It is important to keep in mind here that there is no question about what the effects of the use of chemical weapons are. Those effects are sudden, painful and deadly. We did not see those effects in the Gulf. What we are looking at therefore is the possibility of effects of very low levels of agents not released as a result of warfare, but occurring in some other fashion.

The CHAIRMAN. The time of the gentleman has expired.

Secretary BROWN. Mr. Chairman, the last question dealt with Dr. Shayevitz in Northampton. The Congressman wanted to know the status of her——

Mr. BACHUS. Mr. Chairman? I am sorry. Go ahead.

Secretary BROWN. The status of her request for a research project, and I just wanted to inform you for the record that it is in the process of being evaluated.

Mr. BACHUS. All right. Again, is the Committee on Toxicology—can I ask this one question?

The CHAIRMAN. Yes.

Mr. BACHUS. The Committee on Toxicology, are they going to be involved in this? Or why aren't they involved in it?

I mean just answer. Can anybody answer that question?

The CHAIRMAN. General Blanck.

General BLANCK. And I will try to be brief, Mr. Chairman.

Yes, we were aware of the fine work that they have done previously on follow up of volunteers who were exposed to chemical agents in the fifties and sixties. That has been supplied to Dr. Lederberg's committee, the Defense Science Board, and we will ask

Dr. Lederberg for a recommendation as to whether they should be involved.

Mr. BACHUS. Whether the Committee on Toxicology ought to be involved?

General BLANCK. That is correct.

Mr. BACHUS. All right. When will we get a report back on involving them?

Mr. DORN. We are expecting a preliminary report from Dr. Lederberg's Task Force toward the end of March. I don't know whether it will address that specific question. Again, this line of questioning is new to me.

Mr. BACHUS. Could you ask them that? Could you ask them why the Committee on Toxicology is not included?

Mr. DORN. I certainly will.

Mr. BACHUS. Or if they will be?

Mr. DORN. I certainly will.

Mr. BACHUS. Thank you.

The CHAIRMAN. Thank you.

I want to welcome Dr. Roswell here from the VA Hospital in Birmingham. We know the work you have been doing in this area. Thank you very much, sir.

Mr. Buyer of Indiana.

Mr. BUYER. Thank you, Mr. Chairman.

I think when you try to break down some walls, break down some barriers and attack institutions, sometimes you take ground and then you give up ground and then you have to retake ground. And I don't know why all of a sudden—and help me—I have this perception that we are having to retake ground.

In June, General Blanck, my colleague Mr. Kennedy over here had you on the chair, and we were asking, grilling you with questions about the differences between medical ignorance versus medical stupidity. At that time, we discussed the question of giving things catchall diagnoses and the problems of saying, "Well, let's not give it the catchall diagnosis," and you said you agree with that. You said we are no longer going to call it chronic fatigue; we are going to keep that open mind, and we are going to look at everything that is out there.

We moved forward, and now all of a sudden today we hear "Yes, we are going to look at this. There are a lot of soldiers coming in. We are not sure really what we are looking at. There are a lot of different symptoms out there. We won't give it that catchall diagnosis."

I can give it a lot of little individual diagnoses. Okay? But I still submit that we don't know what we're looking at. So it is easy to sit here today and in testimony say that, "Well, we have given that diagnosis. We know what pneumonia is. We know what a respiratory problem is. We know what a rash is. We know what this is." But if you don't know what the whole is of what we are looking at it makes it pretty doggone difficult.

So, I get a little concerned when I hear statements that both of you have made in testimony concerning the scope and nature of the problem. Mr. Dorn, in your statement you stated that these unexplained problems represent only a very small percentage of the

total number of U.S. personnel deployed in the Gulf. How do you know that? How do you really know that?

And the release? I just saw the release submitted by all three agencies announcing the new Interagency Board. It stated that "Only a small number of Persian Gulf veterans and active duty personnel with Gulf service so far have undiagnosed conditions." I look at that and say, Okay, undiagnosed conditions. Doctors out there are very intelligent, and I have deep respect for them. But they also have, based on their intellect and their education, to find the diagnosis and pigeonhole it and put it in there so they can move on with the prognosis.

So, I am sitting here along with my colleagues who I know, especially from my conversations with Mr. Kennedy, have all been receiving numbers of phone calls from soldiers out there. So, I am really concerned when you walk in here and say, "Well, there are only a few of them that are undiagnosed," when we are having to deal with the families.

I am also concerned about retaking ground, and here is a message from the Navy. This is a December 1992 message which goes out from the Navy, and I will quote from it in a moment. So, I say, Steve, what are they putting out there down at the troop level? Do you really want to give that opening statement?

It is wonderful for us to talk about the top level, but what is the perception at the soldier and veterans level. The perception is that it is not reaching them. That is why they are calling us.

Now we are going to sit back and talk about experienced doctors. Now, we are going to talk about this and we will send out that message.

The message from the Navy is "Post-combat (or post-deployment), stress reactions are believed to contribute to symptoms formation in many, if not most, of the affected veterans. Although some patients do not accept this explanation, many patients have symptoms which are classically associated with stress, depression or chronic fatigue syndrome, an illness resulting from psychological factors which is just as real as physical causes."

Now, I am saying, Steve, when you were talking about having to retake ground, I thought we fought this fight about the difference between physical and psychological. Dr. Mather, we went through this down in Meridian when we talked about your study, and you said, "That is right. We are over that."

But then all of a sudden yesterday I pick up the *Washington Post* which talks about the veterans up there in Boston—Joe, I don't know if you saw this. In the Washington Post it says, "Most of the veterans who came Saturday were combat veterans. They were given electrocardiograms, counseling, blood tests and other treatments and referred to specialists as needed, and they had their post-traumatic stress disorder counselors and social workers, representatives to help them apply for benefits."

Now, wait a minute. See, a veteran calls me on Sunday and says: "Really, I am sorry for calling you at home on Sunday, but I have to call. I have got to call you. I served in Kuwait. There were six of us that came down with respiratory problems. I was med-evac'd to Germany. I was given a medical discharge for my respiratory problems. I have gone through three jobs, my marriage is on the

brinks. I go to the VA. The VA sends me up to have a psychological evaluation. The doctor doing the psychological evaluation says I got post-traumatic stress disorder, and he says the problems I have today are associated with the divorce that my parents had when I was a child." Holy smokes!

So help me here. Help me because I am feeling the spirit of a lot of veterans out there that are frustrated in dealing with it at the ground level. So, number one, are you trying to create the impression here that this is really small and it is only a few veterans? All right.

Secondly, answer this about this chronic fatigue syndrome. Are we giving it a catchall diagnosis, and are we discharging them based upon calling it all chronic fatigue syndrome? I don't know. Doctor, help me here.

Mr. DORN. If I may, Mr. Buyer. I am sure everyone at this table will want to comment.

You have done much, sir, to inform the urgency with which we in the Defense Department and in the Veterans' Administration and in HHS approach there problem. I believe in my opening statement I said that thousands of veterans had experienced injuries or illnesses resulting from their service in the Gulf. Most of those illnesses and injuries were readily diagnosable and they were treated as such.

Much of the attention of this committee has justly focused on those veterans whose symptoms we have not been able to readily diagnose. We do not know how many there are in total. I have given you some indication of the numbers of Persian Gulf veterans who have shown up through DOD medical channels or through VA medical channels, and that number is in the hundreds. We are trying very, very hard to understand what may be causing their symptoms.

I mentioned that we are looking at a wide range of possibilities, including exposure to environmental pollutants, to the Kuwaiti oil fires, to infectious diseases, and indeed, while I will certainly defer to the physicians on this panel, I believe post-traumatic stress syndrome is a recognized illness. It is not illegitimate at all, and we certainly do not mean to insult veterans by giving them that diagnosis any more than we insult a veteran by saying that he or she is suffering from leishmaniasis.

(The information follows:)

DOD maintains a registry of active duty personnel who are complaining of symptoms that may be related to service in the Persian Gulf. There are 276 active duty individuals in the registry (as of March 11) and some have symptoms that cannot be diagnosed. Recent and planned outreach efforts within the Department are expected to increase the number of active duty personnel in this registry.

Any Service member who served in the Gulf is eligible to be entered into the VA Persian Gulf Health Registry. About 16,000 veterans have had registry health examinations and are currently in this registry. As of December 9, 1993, records for 7,952 of the 16,000 had been analyzed. Of these individuals, as of March 11, about 1,000 have symptoms but no diagnosis.

The CHAIRMAN. After you, Secretary Brown, the chair will move on to the next member.

Secretary BROWN. Thank you, Mr. Chairman. I was kind of intrigued with your example of the veteran who was discharged be-

cause of a respiratory disorder and now is having problems that prevent him from engaging in gainful employment.

It seems to me, if the facts are as you presented them, sir, in the absence of a preexisting condition, he probably should be service-connected for the respiratory disorder, if it exists. Now, this is not to say that in the examination maybe the VA physicians recognized that he was suffering from something else, and that is why he was referred to a psychiatrist to determine whether or not he was suffering from any of the recognized mental disorders, to include post-traumatic stress.

Post-traumatic stress is a bona fide disability. As you know, it replaces what we used to refer to as combat fatigue, that type of thing. Out of the Vietnam War we have over 500,000 veterans still suffering from it. We are treating about 20 percent of them, and we think we have a good history and a good track record. I think we lead the medical industry in that.

You mention the small numbers. We have to just deal with what we have. As you know, we have a register that contains about 13,000 names of veterans who actually have come forward and said "I am concerned enough to have an exam. This doesn't necessarily mean there is a problem, but I want an exam to see if I am okay."

We are evaluating every one of them to determine if there are any patterns here to give us some insight into exactly what is happening. We have examined almost 8,000. Of those, 17 percent have no problems whatsoever, no symptoms at all; and then there are 5.8 percent—that is the group you are interested in—who have symptoms but no diagnosis.

Now that doesn't necessarily mean that there is only a small number of individuals in the universe. At this point in time we have only looked at a little more than half of those on the register.

Also, I would imagine there are probably thousands of veterans out there who have not come forward yet. We know we have treated somewhere around 80,000 to 90,000 Persian Gulf veterans in our hospitals. We do not know if they fall into this category of having symptoms but no diagnosis.

Based on limited information, we think there is a small number at this time. But that could change at any time as we continue to evaluate the information that is coming forward.

Mr. BUYER. Thank you.

The CHAIRMAN. The time of the gentleman has expired.

Mr. Edwards of Texas.

Mr. EDWARDS of Texas. Thank you, Mr. Chairman.

Secretary Dorn, I understand that the Department of Defense is now moving ahead after considerable prodding from Congress. What I don't understand, and following up on Mr. Evans' question, is why did initially the Department of Defense choose to screen sensor reports of possible chemical exposure, such as that in the case of the Czech unit having reported January 19th of 1991.

This isn't a problem that the Department of Defense created. There was nothing it should have been afraid of. But yet I think now with Members of Congress and the American public there is a perception that DOD did drag its feet. It did try to hide something. It wasn't fully forthcoming and it created a lack of trust there. And with 20–20 hindsight I think that was a major mistake.

Why did DOD choose to screen these types of reports rather than put them out in the open air of the public and the light of day and let the American people and Members of Congress decide whether they were substantiated cases or not?

Mr. DORN. When our soldiers went into the Gulf, Mr. Edwards, they were trained in a particular procedure for dealing with chemical agents, and we fully, in fact, expected chemical agents to be used by the Iraqis. Our great surprise was that we have no evidence that they were.

But the procedure is that we had thousands of detectors in the Gulf; that is, chemical agent detectors, set sensitively so that they would alarm. Upon alarm, the soldiers were trained to put on their chemical protective gear. There was then an effort to validate or reconfirm using much more discrete measures, whether or not that alarm was a genuine detection of a chemical agent or a false alarm. In all of the cases we know of, these alarms were diagnosed or later determined to have been false alarms.

In the case of the Czech detection two things are relevant. One is that the amount of agent reported to have been detected was very, very small, below a threshold at which it was thought to cause harm, and indeed there was no evidence at the time of any harm to people in the Czech units who were involved in that.

Second, there was an effort hours later to confirm that detection. The detection was not confirmed. I think it would have been highly irresponsible and alarmist of the Defense Department to have alerted the Congress and the public to all of the thousands of alarms that sounded in the Gulf as a result of the way the equipment operated, then only to have to come back hours later and say, Sorry, these were false alarms. I don't believe that that would have served the public well, quite frankly.

Should we have come forward or said more? My sense is that it was handled appropriately. However, I suspect that one of the things we will be doing over the next few months is looking in greater detail at the way in which we deal not only with the tactical protocols involved, but also at the way in which we convey information.

Mr. EDWARDS of Texas. Thank you very much for that answer.

Do I have any remaining time, Mr. Chairman?

The CHAIRMAN. You sure do.

Mr. EDWARDS of Texas. Okay. If I could ask you, Secretary Brown, you referenced the situation with multiple chemical sensitivity. I know it is a difficult area. We don't, perhaps, know as much about it as we would like to. I don't know how much we know. I have a particularly difficult case in my hometown of Waco, of Mr. Zuspann, that the VA has looked at repeatedly.

Rather than get into a specific case, I might just ask you, in light of the lack of knowledge that we have about how to deal with multiple chemical sensitivity, what is the VA's policy in treating cases where it is apparent that that might be the cause of the health problem?

For example, do we have experts within the VA we refer to? Do we go outside of the VA? Are there experts in the medical profession?

I know there are some who have popped up and claimed to be experts. We need to be careful not to follow quackery in this process.

Could you just explain for the committee the process, the policy that we have in those kinds of cases?

Secretary BROWN. Yes, sir. I happen to agree with you. Whenever we run into a very difficult and complex problem like that we get advice from a lot of people who do not necessarily, in our judgment, have the credentials that we want. We are looking at academic credentials.

We are not going to get—as long as I am Secretary, we are not going to get involved in subjecting our veterans to the types of research that we are now looking at that could possibly have been involved in radioisotope research. I don't want any parts of that.

We are going to do this thing right. I think our veterans have suffered long enough and we are trying to find answers. And that is one of the reasons why we are moving forward very rapidly to try to establish our own research centers of which we will address this question of multiple chemical sensitivity syndrome.

Another thing that we—I have on all of the panels, and we have a number of levels of evaluation that is taking place at this time, and I say to you that it is very important to me that whenever possible that we have the very, very best. That does not necessarily mean just researchers from within government. I want the very best, which means that we have to look out all across the country. In each and every one of our research efforts you are going to see that our effort is to include bringing in the best minds, which will involve outside researchers.

I am going to ask Dr. Roswell to also respond a little bit more.

The CHAIRMAN. If you would be very brief. The time has expired and other members have been very patient this morning.

Dr. ROSWELL. There are many activities to bring in expertise on multiple chemical sensitivity. That is a diagnosis that is somewhat controversial in the medical community concerning the actual cause of the disorder and how that diagnosis is made.

However, despite that, one of our three national Persian Gulf Referral Centers, the one in Houston, Texas, has consultant expertise in medical chemical sensitivity. Mr. Bachus has already alluded to the effort in Northampton where a VA physician has expertise in multiple chemical sensitivity. In Birmingham, I have added three physicians to my staff who are expert in multiple chemical sensitivity. So we are actively seeking expertise in this particular disorder even though its cause, and in some cases its existence, is controversial.

Thank you.

Mr. EDWARDS of Texas. Thank you all for your appearance here.

The CHAIRMAN. Thank you.

Mr. Kennedy of Massachusetts.

Mr. KENNEDY. Thank you very much, Mr. Chairman.

Just so my friend from Texas might be aware, this committee had passed some legislation that actually I had sponsored to try and get a national study done by the best experts at the academic and medical and scientific levels of the country to look at the whole issue of multiple chemical sensitivity.

That study was approved by this committee. It was approved by the House floor. And actually, many people felt that the University of Texas was where much of this expertise actually existed.

At the end of the appropriations process that study, even despite all of the attention that was provided, was defunded. But as a result of the renewed interest in this issue, somehow the Department of Defense has recently found the funds to restore the study, at least to some extent.

But I would be happy to work with the gentleman from Texas too make certain that the full funding that is necessary for UT or whatever research agency or facility gets the funds actually gets the money that they need to carry out the full needs of the study.

Mr. EDWARDS of Texas. Thank you, Mr. Kennedy, for your efforts in that area.

Mr. KENNEDY. Mr. Chairman, and Secretary Dorn in particular, I very much appreciate Jesse Brown's efforts to try and get at the root causes of these issues. I think in following up on some of the questions that Mr. Buyer had initiated, the real issue here isn't, I believe, so much to do with the VA as it has to do with the Department of Defense.

The fact is that, as we have just heard, Mr. Secretary, your agency has some serious credibility problems on this issue. There have been a number of instances where representatives of the Department of Defense have indicated that there were in fact no chemical arms utilized in this war; that you, in fact, insinuated that in your testimony this morning.

I am not saying there is or there isn't. All I am saying is there is an awful lot of evidence to suggest that there is at least anecdotal evidence that in fact there were some kind of chemical or biological agents that contaminated numbers of troops in that conflict.

As to whether or not they were shot by the Iraqis or whether or not our weapons themselves hit old stockpiles, whether or not there might have been mines and the like, I have no idea. But I think that this committee has looked into this issue. We have asked a number of times whether or not there was any information to suggest that that might have taken place, and we were told time and again that no, there was no evidence when in fact there was evidence, and the Department of Defense knew about the evidence and did not share it with this committee, number one.

Number two, the fact is that Mr. Buyer's questions I believe were right on the money, or his statement was on the money. You have indicated this morning that you have, I believe, if I recall your testimony properly, 460 cases of veterans that you consider to be undiagnosable and another 60 active duty cases. Is that correct?

Mr. DORN. That is correct, sir.

Mr. KENNEDY. Okay. Now it seems to me that you coupled that with a statement that suggests that somehow you are going to wrap this whole issue up by the summertime. It indicates to me the very, very dangerous situation where, as we heard testimony over two years ago saying, "Listen, this is nothing more than a couple hundred vets that are complaining."

You are playing right into that concern. You have got tens of thousands of people that are coming on the Registry. Jesse is right.

It is 13,000 today, but Jesse can tell you right now there are thousands more that have not gone through the Registry process.

I had 75 veterans who came to my district this weekend complaining about these kinds of illnesses. And to try and suggest that this is just a few hundred veterans, I think, Dr. Dorn, completely misses the boat.

You have still not gotten back to us as Under Secretary Deutsch had—we had requested several months ago that he get back to us on every single individual case and what those veterans were exposed to and what kinds of complaints they had, and how they were to be explained. I have not heard a word back.

So all I am trying to suggest, Doctor——

Mr. DORN. You are asking for the case histories of every veteran, Mr. Kennedy?

Mr. KENNEDY. The case histories of the veterans that have made specific complaints with regard to chemical and biological warfare; yes, sir. And I don't expect you to roll your eyes about it. It was something that Dr. Deutsch committed himself to providing.

Now, the point is not necessarily you didn't tell us the truth about the chemical and biological exposures, not that you didn't come back with the studies, not the fact that the studies themselves have attempted to be defunded, but the fact that you have indicated that there is only 460 plus 60, or 520 veterans, that have legitimate concerns—legitimate complaints with regard to this kind of issue. And I would like to know what exactly your sense of the numbers of veterans that are affected and your sense of how large the scope of this issue is and what you expect to do about it.

Please.

Mr. DORN. With respect, Mr. Kennedy, I may have misspoken if I said that only 400-odd veterans had legitimate complaints. What I should have said, and I believe what I did say, is that roughly 60 people in the DOD medical system and roughly 460 people in the VA system have come forward with symptoms whose causes we have not been able to diagnose. I do not know——

Mr. KENNEDY. Is that where you think the general—the total scope of the numbers are, Doctor?

Mr. DORN. We are talking about people whose problems we have not been able to diagnose.

Mr. KENNEDY. Are you telling us that you have been able to diagnose all these other cases, Doctor?

Mr. DORN. I have said that thousands of people have been treated for other causes, some related to their service in the Persian Gulf. I think earlier I mentioned that we had processed something like 2,300 military personnel for disability claims resulting from service in the Persian Gulf.

I want to emphasize, Mr. Kennedy, we do not take this matter lightly. However, I do——

Mr. KENNEDY. It sounds like there is a distinct possibility that you are going to be sweeping it under the rug, Doctor. That is what I am concerned about.

Mr. EVANS (presiding). The gentleman will be recognized for an additional five minutes. We are trying to get to some members who have not had a chance.

Mr. KENNEDY. Thank you very much.

Mr. EVANS. Mr. Kreidler.

Mr. KREIDLER. Thank you, Mr. Chairman.

Secretary Brown, I would like to go to a slightly different area, and that would go to some of the comments that I have gotten in your full written comments in relationship to Gulf War veterans who have had trouble being appropriately diagnosed for their symptoms in their own medical centers and then have been referred to the three centers in L.A., Houston and Washington, DC. Something like 68 individuals have been seen and through that type of referral; another 38, I think, are pending, have been referred but not seen yet.

I am wondering just exactly what the criteria is here that is involved for such a referral. I have a constituent—we always have our own personal cases that come to light in our own offices, and I have a constituent who has been seen by my local VA Medical Center, where they have had trouble coming up with a diagnosis for his condition in something close to a year. And I am wondering how long does it take before they finally reach that point where they say "We can't come up with a diagnosis, we are going to refer to one of these three centers." Is there a time period or is there some particular criteria that is involved?

Secretary BROWN. No. If it has been a year, that is definitely too long, and we would certainly like to take a look at that particular veteran to determine what circumstances surround the apparent delay in getting him referred. But I might add, this is generally a medical question that is resolved by the people providing the care, after consultation, of course, with the veteran himself. It has to be a cooperative effort.

But I would be delighted to get that name so we can check into it, if the system is breaking down. It should not take a year, if he agrees to go and the medical determination is that he can benefit from being referred to one of the three diagnostic centers we have set up.

Mr. KREIDLER. Is there any limitation on space? I know some 106 have been now either seen or referred to these VA facilities. Is there a limitation of space, or is there criteria given as challenges to the medical centers before they do make the referral? At what point do they draw a line?

Secretary BROWN. There is no limitation on space. If they are unable to come up with the diagnosis, and if the patient agrees, and the medical facility agrees that he can benefit, then we would normally refer him to one of the three medical centers.

I might add that this is somewhat misleading, and I think it is very important that we put this into perspective here. When we refer, it really doesn't actually allow us to resolve this issue.

There are a number of things I want to do. I want to be able to bring some peace of mind to the veterans involved. Number two, I want to be able to provide treatment. And, number three, disability.

We are able to diagnose approximately 94 percent of all of the cases involved at this point. Now, that doesn't necessarily mean we understand what actually caused the problem.

Let's say, for instance, the veteran is suffering from a simple skin disorder. Well, we may be able to diagnose it as some type of

dermatitis. But the real question is the etiology. We are looking to science to help us to try to find that out.

By and large, what we normally do is to try to diagnose the problem, then treat it. But I am going to ask Dr. Roswell to give us a little bit better explanation.

Dr. ROSWELL. Thank you.

Certainly the small number of veterans referred to the three referral centers is not indicative of the scope of the unexplained illnesses we are dealing with. It is important to understand that the veterans who do suffer from the unexplained illness exhibit a wide clinical spectrum of severity of the manifestations. Some have relatively mild problems and difficulties. Others are seriously disabled to the point that they are unemployable and have serious economic as well as personal hardships as a result of the disability.

The VA has always provided medical care on a referral basis. We have long established patterns of referral from smaller hospitals to the larger metropolitan affiliated medical centers where a vast array of medical expertise exist. Many times Persian Gulf veterans with unexplained illnesses are referred to a tertiary medical center other than one of the three referral centers.

However, even in those cases despite the existence of virtually all medical specialties on staff there are occasionally very difficult cases where the symptoms are severe enough that through consultation between physician and veteran a mutual decision is made to opt for referral to one of the three centers.

We do that only based on the veteran's desire to be referred to one of the three centers. And we also try to accommodate the veteran's needs as far as timing. And so the 38 cases that are currently pending are pending primarily not because of limitation on space or beds or capability, but rather to accommodate the personal and family needs of the veterans.

Mr. KREIDLER. Okay. Thank you very much, Mr. Chairman.

Mr. EVANS. Mr. Bishop.

Mr. BISHOP. Thank you very much, Mr. Chairman. I would like to follow up very briefly on the concerns raised by Mr. Buyer, Mr. Edwards and Mr. Kennedy with regard to the perception issue.

Veterans in my area have been extremely frustrated with regard to the VA and with regard to the Department of Defense with regard to what appears to be some double talk. The diagnosis that was made by physicians at the Tuskegee VA that was later changed or retracted. Then there were some allegations that came regarding a loss of medical records or destruction of medical records. True or false, it gave the appearance of some cover-up at the VA involving the VA, which also was tied to the Department of Defense when it came to the perception of foot-dragging of it.

Then the tacit denials of exposure to the chemical agents, and then the statements that there was no evidence of exposure. Then the statements that there may have been some exposure. Now, the Defense Department is looking more closely at it.

All of this led to a perception on the part of veterans and their families that there was indeed some foot-dragging and some cover-up, true or false. And I just want to say that I appreciate very much the efforts that have been undertaken by the Secretary of

Veterans Affairs and by the Defense Department to try to move along and getting to the bottom in this process.

However, my question is what steps are you taking? What affirmative, proactive steps are you taking to restore the credibility of your two Departments with the veterans and with their families? What kind of information campaigns are you utilizing?

Are you utilizing the veteran service organizations to disseminate information? Is it being done periodically? Are you having direct mail contact or direct personal contacts with the veterans who have had exposure so that their level of anxiety can be relieved?

The one hearing that I attended in my district at the Naval Reserve Center in Columbus, I walked in in the middle of that and the representative from the Navy and from the VA, they were catching the devil from the families and the veterans involved.

I had an opportunity to address them and to let them know that this committee was, in fact, looking into that and we were concerned about it. And there were very, very vocal members of the committee, including Mr. Kennedy, Mr. Buyer, Mr. Edwards, Mr. Evans, and many others who were very, very vocal about it and were adamant, and that seemed to relieve a lot of their anxiety.

And it seems to me as public servants we have an obligation to really clear up this perception problem, this credibility problem and to restore some hope and some trust in what we are supposed to be doing.

What steps are you taking, proactively and affirmatively to do that?

Secretary BROWN. Well, Mr. Bishop, I am a little surprised that the veterans community somehow has a perception problem with VA's proactive efforts on its behalf. I think this is one of the issues on which we have been out in the forefront from the very beginning. We set up a register over four years ago that at this point in time has about 13,000 names on it. We centralized our rating activity.

I commissioned my own blue ribbon panel of experts in environmental health to look at this issue. VA and DOD entered into a memorandum of understanding with the National Academy of Sciences.

We are in the process of setting up our own research centers. There will be at least three, so we can perform our own research in this issue.

And, with respect to the question of whether veterans were exposed to chemical or biological agents, I think the record will show that VA has historically taken a position that we rule out nothing, absolutely nothing. And I think that if you look at our response collectively, I think you would have to conclude that we have been very aggressive in trying to find some answers to this very difficult question.

Mr. BISHOP. I agree. Pardon me. And I don't mean to detract from that at all. But my question has to do with the transmission of those efforts or the information regarding those efforts to the veterans so that they know in fact that is what you are doing.

Secretary BROWN. Well, one of the things we are doing, in each and every instance whenever possible by law, we have service representatives from our national veterans' organizations serving on

our committees. We have monthly meetings with them. We bring them up to date. We try to issue news releases. We actually send out direct mail to those on our register. It is an outreach effort on our part.

We think we are doing everything possible. As I mentioned at the end of my presentation, if any member of this committee or any veteran in this entire country feels that we have overlooked something, and that is possible, I want to know about it, because I too want to get to the bottom of this. I think our veterans have suffered too long.

I think there are probably many, many more out there suffering, and I think the faster we find the answer it is going to bring them some relief. They will know that they are not at risk or they will know what the problem is, and how to get medical attention to fix it. If it cannot be fixed, we can provide them with appropriate compensation.

Those are the directions we are moving in, and we are working very closely with the Department of Defense to get there.

Mr. DORN. I thank you for that question, Mr. Bishop, because I share that concern. First of all, let me say that I don't think there is anybody in the country more committed to ensuring that veterans are cared for and to ensuring that they are communicated with honestly and openly than Secretary Brown, and I think the VA is to be commended for its efforts both in getting to the bottom of the problem, but also ensuring that the veterans community understands what is going on.

We have a slightly different audience, of course. General Blanck personally has briefed a number of organizations, such as the VFW and The American Legion. We, of course, are communicating with active duty personnel within the Department of Defense. But I take your implicit suggestion that we need to look at what we are doing and do more.

Apropos the misunderstandings, I should stress that is one of the reasons we need careful coordination among our agencies. It is easy for people if they call VA or DOD to get a sense that we are doing slightly different things.

If three months ago you had called the Veterans' Administration and asked about a registry you would have heard about the registry that Secretary Brown has mentioned several times, the registry of 13,000 people who have shown up voluntarily to get their names on a list.

If you had called the Defense Department and asked about a registry, we would have said, "Well, we have got a registry of maybe 60 people or we have got a registry of 600,000 people. Which one are you talking about?"

Partly because of our coordination, if you call now, we are much better in tune with what one another are doing, and we are aware of our need to convey a single clear message representing this entire Administration.

The other thing we need to do is take care, not make judgments too hastily. I think Secretary Brown rightly has said that all along he has kept open all possibilities. We also, as I have assured this committee, are looking at every plausible cause for the symptoms that so many Persian Gulf veterans are experiencing.

Nevertheless, I think the actions that we are taking together on behalf of veterans need to be better communicated to that community.

Mr. EVANS. The gentlewoman from Indiana, Ms. Long.

Ms. LONG. Thank you, Mr. Chairman.

I would like to follow up a little bit on Mr. Kennedy's questions. I have heard a number of different numbers here today regarding cases and so forth: 460 veterans where you have not been able to diagnose—460 veterans, 60 in the Department of Defense; 2,300 medically unfit; 13,000 treated, I think.

It would be really helpful, I think, for us to get a sense of what you are dealing with. If you could summarize these numbers and get them to us and give us a good definition, a good explanation of each of them.

I think it is pretty clear that 460 would be a very low number out of 650,000 veterans. That there are probably many more.

But if you could get those numbers and give them to the committee it would be, I think, very useful. Because you have expressed these numbers, it's been confusing, at least to this member, on what each of those represent.

Secretary BROWN. I think you are absolutely right, and we would be happy to do that. In fact, we already have this.

I think it is important, at least from the VA's standpoint, that we are not saying that 460 out of 13,000 represent a small number. We are simply saying that of the 13,000, we looked at 8,000; and out of the 8,000, 460 ended up with symptoms but no diagnosis.

So, if you just projected—if nothing else changed, and you projected to the 13,000, you can see that number almost doubles to over 800. If you also project based on the fact that we add approximately a thousand veterans per month to that roll, then you start talking about big, big numbers, especially since there are a lot of people out there who are not coming into the system.

So, VA does not want to leave you with the impression that we are only talking about a small number of people. We are simply saying, based upon the numbers we have evaluated, 5.8 percent, or 459, have symptoms but no diagnosis.

That is the only thing we are saying. We agree with you.

Ms. LONG. And I think that that would clarify some of the confusion, because when you look at these numbers it would be very easy to reach the conclusion that any problems associated with exposure and such would not be very far reaching when in fact they might be. At least from my perspective it would be very helpful to have a breakdown of the numbers with a good definition of what each of those numbers portrays.

Secretary BROWN. Ma'am, there is one other comment I would like to make. From VA's standpoint, it doesn't make any difference if it is 450, or 13,000, or one. If there is one veteran who has been disabled as a result of having served and served honorably, we need to do everything we can to fix it.

That still means we are going to do our research. We are going to do everything possible if it is one or 30,000 because it is the right thing to do. I think the American people would not understand if we did not move forward in that direction.

Ms. LONG. And I commend you for that attitude.

Thank you.

Mr. EVANS. The gentlewoman from Florida.

Ms. BROWN. Thank you, Mr. Chairman.

First of all, let me thank both of you for appearing before the committee today.

Persian Gulf veterans, their health problems and the cause of these problems have really reached out and grabbed the attention of the American people, because it is only fair that we take care of the men and women who have so bravely defended our interests abroad.

My colleagues have already raised many issues. My question, Secretary Brown, goes to the VA disability policy for Persian Gulf veterans. The current policy does not refer to the problems that certain veterans are having collecting their disability because they agreed to leave the military early in exchange for receiving a special separation bonus. There are a number of these veterans with service-connected disabilities related to their service in the Persian Gulf who cannot receive their VA disability until they pay back the special separation bonus.

I have yet to figure out what the separation bonus have to do with VA disability. But I do know that these veterans and their families are having to deal with severe financial problems in addition to serious health problems.

Last week, I introduced House Bill 3731, legislation which would allow these veterans who have service-connected disabilities to receive their VA benefits without paying back the special separation bonus. My question, are you aware of these problems? And I would like it if both of you, your agencies would review this situation and House Bill 3731 and get back with me with an official response.

[The prepared statement of Congresswoman Brown follows:]

PREPARED STATEMENT OF HON. CORRINE BROWN

Thank you, Chairman Montgomery for holding this hearing. Since returning from the Persian Gulf war, thousands of our troops have been experiencing an array of serious illnesses, which often allude diagnosis and treatment.

Although a number of Western nations participated in the military coalition, none appears to have as many ailing veterans as the United States.

We need full disclosure and accountability by the Department of Defense on possible chemical and biological warfare agent detection and exposure in the Persian Gulf and their link to the illnesses exhibited by our Persian Gulf veterans.

Our veterans are saying that the war they now wage in seeking recognition and medical treatment from the VA and DOD medical systems is far worse than the battle in the desert. They want answers, and they want them now.

To Persian Gulf veterans around the country, I want to assure you that your voices are being heard and that this Committee will continue to fight to get to the bottom of this tragic situation.

Secretary BROWN. Yes, ma'am. We will be happy to look at that. I am aware of it as a result of my experience. What you have just described primarily is a direct result of legislation which prohibits the provision of dual compensation.

Under present guidelines, if an individual is disabled while serving in the military, and if that disability is rated less than 30 percent, they are given severance pay, and that severance pay will either be 10 percent or 20 percent, and that is a lump sum adjustment for that disability.

So, when they come to VA and file a claim for that same disability, the VA is required by law to recoup the amount of money they

have already been paid for it. So, it is a dual compensation prohibition that we are acting under, and that is part of the law we certainly want to look at.

On the other hand, if that veteran were to have received 30 percent or more, he or she would then be placed on the disability or the temporary disability retirement program, and then there is no offset. They would have to make an election at this time.

Or there may be an offset if they happen to be a high-ranking enlisted person or a high-ranking officer, then there may be an offset. But the whole approach has to do with dual compensation, and we certainly will, ma'am, be delighted to take a look at your legislation.

Mr. DORN. We will look at it too, Congresswoman Brown.

Ms. BROWN. Thank you, Mr. Chairman. I have a package for you.

Mr. EVANS. The gentlewoman from California, Ms. Waters.

Ms. WATERS. Thank you very much, Mr. Chairman.

I would like to first thank Secretary Brown for being here today to discuss the health concerns of Persian Gulf War veterans. I would like to additionally thank him for his visit to California recently to assess the damage to our health facilities and our veterans there.

I am also grateful that Assistant Secretary, Dr. Dorn is here this morning to talk about this very perplexing problem that we are confronted with, the health concerns of Persian Gulf War veterans.

We have gotten a number of complaints and I don't understand how a Persian Gulf veteran gets on the Registry. What happens when they walk into a VA health center? Are they automatically on the Registry if they identify that they are Persian Gulf veterans?

Have the training taken place at all of our centers so that our personnel understand this? Are some slipping through the cracks because we have not formalized the system in such a way that it would immediately identify the Persian Gulf veterans?

Would you explain the process? What happens when one walks into the door?

Secretary BROWN. The answer to your question is yes and no. The 13,000 that I spoke of who are on our register, they actually asked for an examination, a protocol examination. That is a separate group of people.

They may have been feeling just fine but I wanted to rule out any problems they may have. Or they may not be feeling fine and they wanted an examination. But the main point is that they asked. They contacted the VA and said, "I would like to be examined for problems that may be related to the Persian Gulf." So, that is the 13,000, which is growing at about 1,000 a month.

There are about 80,000 other veterans who have gone into our 172-hospital system, on an outpatient and inpatient basis, from the Persian Gulf. Now, we have actually added them to the list for record purposes, but they have not been given the protocol examination.

But what he wanted to be able to do is, when we find the answers, we want to be able to contact everybody involved. So, we are actually maintaining two lists which are merged to one, but they still remain separate.

Ms. WATERS. What if a veteran presents him or herself and they are just not feeling good, and maybe they have had some other problems that have been ongoing for a long time and they seem to have some complications and they don't know how to say "I want to be a part of the protocols?" I mean they just come in and say, "Doctor, I don't know what is wrong with me. I don't feel too good." What happens to them?

Secretary BROWN. Generally in that instance what we do is, just like any other veterans who present themselves to a VA facility, we treat the problem they are concerned about. If they come in and are concerned about a stomach problem or whatever, that 80,000 fall within that category you just described. They presented themselves to the VA because they were sick. Their illness would be responded to either on an outpatient or inpatient basis.

But those individuals do not necessarily end up on our Registry. They were there because they had a specific medical problem and we responded to that problem.

Ms. WATERS. Why don't we put everybody in the Registry, because we don't know—I have heard you describe that there are those who have symptoms that we have not been able to diagnose. There are others who we have been able to diagnose but no one has said here today whether or not they have seen anything different about that population.

Why don't we just put everybody on, give everybody a physical examination that comes in, and they would have all of this data ready to go as we do the research? Why don't we just do that?

Secretary BROWN. Examine all 650,000?

Ms. WATERS. Everybody that comes to the VA that is a Persian Gulf veteran.

Dr. ROSWELL. If I may, actually speaking as a VA physician, we would very much like to do that.

Ms. WATERS. Well, why don't you do it?

Dr. ROSWELL. The Persian Gulf Registry examination is optional. We can't subject someone to that rather comprehensive protocol examination unless he or she agrees to it.

Ms. WATERS. But do you ask them all?

Dr. ROSWELL. I can't say that 100 percent are asked, but we certainly have mounted a concerted effort to make those benefits available. We have comprehensive guidelines on administering the protocol examination. It has been sent to each VA Medical Center and compensation and pension physicians as well as the outpatient coordinators have that information and know how it works.

The administrative people in our Medical Administration Service in processing an application for care identify the period of service and they are instructed to make that veteran aware of the availability of the Persian Gulf protocol examination.

In addition, working with our family support program as well as our veteran service organizations and veteran service officers, we have a very extensive outreach program to try to identify veterans who may have had service in the Persian Gulf and would be interested in participating in the Registry examination. But unfortunately not everyone agrees to participate——

Ms. WATERS. Thank you very much.

Mr. Chairman, let me just say that one of the reasons you will find distrust is because of the length of time that it took us to deal with the Agent Orange problem, and so some of us, you know, feel that there is a resistance to discovery because it costs money and some other kinds of things. So, just be aware that there is that little bit of distrust by legislators and some veterans because, you know, there is a feeling that we don't want to have it discovered because it costs money.

With that, Mr. Chairman, let me just ask that—for unanimous consent to submit my opening statement into the record.

Mr. EVANS. Without objection, so ordered.

Ms. WATERS. Thank you very much.

[The prepared statement of Congresswoman Waters follows:]

PREPARED STATEMENT OF HON. MAXINE WATERS

Good morning, Mr. Chairman, I am delighted to be here to participate in this hearing addressing the health concerns of Persian Gulf War veterans. I want to commend you on your leadership in bringing this matter before the committee.

We have been struggling with this issue for a little over a year now. We have sat in this very room and listened to Persian Gulf War veterans describe in great detail their agony and suffering from what has been described as "unexplained debilitating illnesses". Initially, we were told by scientists, researchers, physicians and military personnel that these illnesses were symptomatic of emotional stress. Later we were told that these illnesses could be the result of exposure to some environmental toxins. More recently, it has been suggested that these illnesses are the result of exposure to chemical agents. In reality, we don't seem to be any closer to knowing exactly what it is that's causing our Persian Gulf War veterans to suffer so.

The one thing that we do know—is that the pain, suffering, and anguish that these Persian Gulf War veterans are experiencing is very real. I am glad to see the Department of Veterans Affairs and Department of Defense finally recognize that these are serious complaints and pose serious health concerns for these veterans as well as their families.

Mr. Chairman, I think it is important that we continue to have on-going discussions with the Department of Defense and Department of Veterans Affairs until we have definite answers as to the causes and appropriate treatment of these illnesses. Our veterans deserve to know that their concerns are important to us. We need to be able to assure them that everything possible is being done to discover the cause and provide treatment for their illnesses. I am hopeful that from these hearings we will develop some real strategies to deal with the health concerns of our Persian Gulf War veterans.

Secretary Brown and Assistant Secretary Dorn, I am anxious to hear your testimony and know exactly what plans your respective agencies have put in place to deal with this issue, and I want you to know that I stand ready to work with you to address these concerns.

Thank you, Mr. Chairman.

Secretary BROWN. Ms. Waters, just one last observation. I do agree with you that there is distrust and we are working very, very, very hard to overcome it. I also want you to know, for the record, that VA considers any problem that happens to a veteran concurrent with his or her active service as a continuing cost of war and money plays no role in it.

Ms. WATERS. Thank you. Tell that to my colleagues, too.

Mr. EVANS. The gentleman from Georgia.

Mr. ROWLAND. Thank you, Mr. Chairman.

Mr. Secretary, I express to you my appreciation for the manner in which you are now conducting the search for an Under Secretary of Health. I understand that that is moving along very well at this point.

Mr. DORN. Yes, sir.

Mr. ROWLAND. And I am very appreciative of that fact.

Let me ask you—I am concerned with some reports suggesting a shrinking commitment on the Department of Veterans Affairs for VA research while at the same time that the number of task forces, advisory groups and scientific panels being created by this administration in whole or in part to make recommendations on research that should be conducted related to Persian Gulf health issues is proliferating.

Now, why on the one hand are we cutting or not increasing the research—I understand that you submitted the same amount that you did last year. I believe it is $211 million for the upcoming fiscal year, and as you know, Congress increased by another 41 million the amount for research. So, I am really concerned that the amount for research is not increasing, as I believe it should, if we ought to attract those professionals into the VA who will improve the quality of care.

Secretary BROWN. Dr. Rowland, the question you raise involves the 1995 budget, and as you know, I can't discuss the specifics at this time. But I do want to assure you, sir, that I understand the important role that research plays in the development and continuation of VA's ability to provide quality health care.

I recognize that it is to VA's advantage to have a research program so we can attract the best and the brightest into our system. And once we get them into the system, sir, we then are able to keep them.

I also understand that it is to our advantage, once we get these professionals into the system, to use their skills in providing high quality care from very, very renowned individuals.

I am also aware, and I think it is very important, of the outcome of our research program. VA has played a tremendous role in the development of research that benefits not only veterans but the entire world. One recent example on the clinical side: VA pioneered the research that uncovered the fact that you cannot treat people of different races and different ages with the same medication to control hypertension. That has profound implications for not only the veterans we are treating, but also everybody all over the world.

Clearly research is very, very, very important. And that certainly was taken into consideration as we moved forward through the 1995 budget process. Once those numbers have been made public you can rest assured, sir, I will be delighted to discuss it with you.

With respect to how research affects this project, they are separate and apart. We are going to move forward with trying to find answers to this very complex question, regardless of what the research budget is. We are going to move forward on those one to three centers we have set up, sir.

Mr. ROWLAND. In the past two or three years we have had an increase in our budget for medical care of about a billion dollars annually, and the Commission on the Long-Term Mission of the VA has, I believe, indicated that we are probably $5 billion behind where we ought to be in trying to come up to the necessary amount.

But the medical care budget will reflect an increase of only about $500 million, which is well below the current service level now? Can you make any comment about that?

Secretary BROWN. I will not be able to make any comments at all on specifics of the 1995 budget until after the Administration has released it.

Mr. ROWLAND. Can you make any sort of general comment about what you intend to do insofar as research funds are concerned?

Secretary BROWN. No, other than to say that I am committed to research. Once the numbers have been made public, I think you will understand from my personal actions on research that I did everything I could to make sure VA receives its appropriate consideration for research.

Mr. ROWLAND. Well, I know that you will and I just want to express to you my strong desire to ensure that the research funds are there, because I think that is necessary to continue to ensure the quality of care that we would expect from the VA, particularly in those affiliated hospitals, and I believe there are around 102 of those in our country.

So, thank you very much for being here, and I look forward to discussing in more detail the budget as you bring it forward.

Secretary BROWN. Yes, sir.

Mr. ROWLAND. Thank you.

I yield back, Mr. Chairman.

Mr. EVANS. We are very pleased to now recognize a Persian Gulf War veteran, Congressman Paul McHale, a law school classmate of mine, who served very admirably in Operation Desert Shield and Desert Storm and was awarded the Navy Commendation Medal for his service with an armored task force in Saudi Arabia.

Just like having Mr. Buyer on board with us today, your expertise, Congressman McHale, is very valuable to us in trying to get to the bottom of this issue. And we appreciate you waiting so long to ask some questions.

Mr. MCHALE. Mr. Chairman, I thank you. Good morning, gentlemen.

Dr. Dorn, I listened to your earlier testimony when you indicated that there is no evidence of the use of chemical agents during the course of Desert Storm. At least my impression was that you believe that there was no credible evidence that that kind of weaponry had been used in an aggressive manner.

Frankly, I have some difficulty squaring your testimony with that of Marine Warrant Officer Joseph Cottrell, who testified before the Senate and House Armed Services Committee about two months ago. Warrant Officer Cottrell was the NBC officer for Task Force Ripper, one of the lead armored task forces that we had in the assault moving into Kuwait. He is a highly trained NBC officer and he testified unequivocally that he had found chemical contaminants on the battlefields.

I guess my first question is have you read his testimony?

Mr. DORN. I am familiar with his testimony. I am aware of the report of the detection of lewisite as Task Force Ripper crossed the border from Kuwait into Iraq. All I can say with respect to that report is that the initial detection was not confirmed subsequently.

If I recall correctly, the detection indicated an amount of sufficient concentration that it would have caused harm had it been there.

Mr. MCHALE. If you could pause for a moment. In your earlier testimony you said that there was no evidence. We now have a marine warrant officer who is testifying that on at least two occasions he found a blister contaminant and a nerve contaminant, and that appropriate steps were taken to isolate that material so that it did not come into contact, to the best of our knowledge, with the marines who were conducting the assault.

I guess the threshold question is when you have got a marine warrant officer who is an NBC officer testifying that he found chemical contaminants on the battlefield, how can you testify before this committee that there is no evidence?

Mr. DORN. What I hope I said, and I may have misspoken, is that we have no evidence that either Iraq or any of the coalition partners used chemical weapons. It is clear that certain chemical agents were detected. We have granted or assumed as valid the Czech detection.

We are continuing to look at the reports of other detections including that detection of lewisite. As a matter of fact, the Defense Science Board Task Force spent several hours looking at that during one of its earlier meetings. Right now that detection remains ambiguous. It has not been substantiated and yet we certainly respect Warrant Officer Cottrell's judgment here.

Mr. MCHALE. All right. My next question is how diligently have you checked that out? For instance, my understanding is that the electronic testing apparatus generates a tape which records the testing procedure. Where is that tape?

Mr. DORN. I can't give you a specific answer to the question. I will get back to you on the location of that specific tape.

(The information follows:)

The Fox vehicle tape printout(s) from the chemical detection unit attached to the USMC Task Force Ripper has not yet been located. We are continuing our efforts to locate those tapes and all relevant journals. The Department is establishing a formally chartered working group whose purpose is to identify possible chemical detection incidents, collect records or other relevant information, and perform a technical analysis on events such as the one described by personnel with Task Force Ripper. This working group will include representatives from OSD and the Military Services.

The Army recently completed an effort by its NBC Program Manager's office to travel to each FOX vehicle worldwide to download any spectra that may have been stored in the memory banks of the mass spectrometers. The initial analysis of that data indicates that no spectra of chemical warfare agents were retrieved from any of the FOX systems used during Operation Desert Storm.

The generic answer is that we have secured the data from all of the Fox vehicles, and that is what you are talking about, that were in the desert. Those are being examined case by case.

Mr. MCHALE. I am detecting some uncertainty here. Have you examined that tape?

Mr. DORN. I cannot tell you about that specific tape. I am sorry. I do not know. I will get you an answer to that for the record.

Mr. MCHALE. I think that is important, and I think we have look diligently for that material.

Mr. DORN. I agree.

Mr. MCHALE. Well, a lot of time has gone by and we have not done it up to this point.

My concern, I guess, is this. We have a marine warrant officer who is testifying that contaminants were found on the battlefield.

In my view, we have not adequately examined the documentary evidence that would corroborate that testing.

Your response is, well, the detection may be accurate, but we don't have proof that it was delivered by Iraqi weaponry. My question to you then is, if it didn't come from Iraqi weaponry, and it was a valid detection, where did it come from?

Mr. DORN. I couldn't begin to speculate. As I said, I can assure you that all the evidence on that and other reported detections will be gone over very carefully. And, in fact, that the tapes from all of those Fox vehicles will be gone over very carefully.

Mr. MCHALE. I think the concern that you would sense on this committee and throughout the Congress is that that is a job that should have been done by now. We should already have examined those tapes. We should already have concluded whether or not those were valid detections. And I think a sense of urgency in viewing that material would go a long way toward restoring credibility.

My final question is with regard to the respiratory problems that may be related to service in and around the vicinity of the burning oil wells. You made reference earlier to the civilian personnel who extinguished those fires.

Is there a statistical linkage between service in and around the burning oil wells and subsequent respiratory problems?

Mr. DORN. We are continuing to look at that. It is a large-scale epidemiological study.

Keep in mind that what we are looking at is not so much closeness to the oil wells but exposure to the smoke, which was blowing all over the place.

General Blanck may have more to say specifically.

(The information follows:)

An epidemiological study with appropriate samples from the cohorts of troops close to the burning oil well fires and those who were removed from the fires has not been performed. The Department is waiting on the reviews and findings of the Defense Science Board Task Force on Gulf War Health Effects and the National Academy of Sciences to determine if such a study should be conducted.

Mr. MCHALE. Let me, if I can throw this in anecdotally, as somebody who was there for 10 days during this period of time, the smoke was not bad. Most of the smoke rose to a high level. You couldn't smell the smoke. It was very dark. It congealed at a higher altitude.

What happened was it rained, and the oil mixed with the rain, came down and was aspirated on a daily basis by hundreds, if not thousands, of marines. I think you need to look into that very seriously, because I can tell you when camouflaged utilities are permanently stained as a result of exposure to that oil, I find it difficult to believe that lungs weren't adversely affected by it.

Mr. DORN. I agree with you that we need to look at it. We have looked at it short term. We know, of course, that there were some short-term effects, some respiratory discomfort in the short run. The question is what are the long-term effects? We are looking at it, I assure you.

Mr. MCHALE. I would feel more comfortable if there were a sense of urgency about it.

Thank you, Mr. Chairman.

Mr. EVANS. The gentleman is pursuing some interesting questions. I would like to have given him more time——

Mr. BACHUS. I have got one or two questions that I want to ask, but go ahead.

Mr. EVANS. We will yield you an additional five minutes.

Mr. MCHALE. Mr. Chairman, I thank you.

Gentlemen, during the course of the war there were some extraordinary inoculations given to our military personnel. Some of those inoculations had to do with biological warfare and were highly classified at the time.

Is there any reason for concern now in the wake of the war that some of those inoculations may have a permanent or in any event a debilitating effect with regard to possible birth defects touching the families of those military personnel who were so inoculated? And I can tell you my wife is wondering.

General BLANCK. If I may answer that. Every vaccine and medication used in the Gulf was FDA approved. One vaccine was approved as an investigational agent; that is, it had not previously met all of the strict criteria for full FDA approval, and that was the botulinum vaccine. That was administered to 8,000 soldiers and a few of those in the marines, and we follow those folks.

Mr. MCHALE. General, that is, in fact, the inoculation to which I was making reference. At the time that it was given it was highly classified, and frankly, I didn't know that it had been declassified, and I assume now that it has.

Are there any after-effects from that that have been detected?

General BLANCK. No after-effects have been detected, and, in fact, few, if any of those complaining of the illness that we cannot explain that I will refer to as the Desert Storm syndrome had the botulinum vaccine.

There were an additional 150,000 plus or minus who received the fully FDA-approved anthrax vaccine. On both of those we have an enormous amount of animal data and human safety data and in no case is there a suggestion that these would contribute to birth defects. Obviously, we will continue to look at that, however, particularly at the anthrax because so many more received it.

Mr. MCHALE. Assuming that is a valid analysis, and I have every reason to believe that it is, I think it is important now in light of the atmosphere that existed at the time that those inoculations were given, it was highly classified, the marines who received that inoculation were aware of what the potential battlefield purpose of that inoculation might be, I think it is important now that we communicate proactively, perhaps through the media, perhaps through a more direct means, to give assurance to those marines that those inoculations, which were quite extraordinary at the time, have not produced, to the best of our knowledge, any long-term debilitating effects and in and of themselves should not be a deterrent, for instance, in the decision whether or not to have children.

Mr. BUYER. Would my comrade yield for a moment?

Mr. MCHALE. I certainly would.

Mr. BUYER. Comrade and colleague.

General Blanck, on this same line of questioning, when you say it is FDA approved, have you, the DOD, the VA, or anyone reviewed the clinical trials of these vaccines?

Not only are the clinical trials of the vaccines important, but also in comparison to when you put it all into the mix? When you consider the five vaccines that they gave them, in addition to the anthrax and the botulism vaccine, the nerve agent pills and you put that all into physiological mix of the body, what in fact is it doing to the body?

General BLANCK. In fact, I have personally reviewed the clinical trials on anthrax and botulinum. I have not on the other standard vaccine, the diptheria-pertussis-tetanus, and so forth.

Mr. BUYER. On nerve agent? Did you look at nerve agent pills?

General BLANCK. Pyridostigmine bromide? Oh, yes, I certainly did.

(The information follows:)

Yes, the Department has reviewed the clinical trials related to the combination vaccine Diphtheria-Pertussis-Tetanus, which is administered to children under the age of seven. The Department has also reviewed the Institute of Medicine Report on the safety of this vaccine and is in compliance with its standards.

The Department has also reviewed the clinical trial and safety data for Tetanus-Diphtheria vaccine, which is administered to our military for basic and booster immunization, and is satisfied with its efficiency and safety.

Mr. BUYER. All right.

General BLANCK. And the question is—so I know the results of those trials on those single individual agents. The question, of course, refers to what do they do in combination, and, of course, we do not know that and that is part of what we hope to learn from the VA's environmental units as well as the multiple chemical sensitivity studies.

Mr. BUYER. Is that going to be part, Mr. Brown, of the National Academy of Science study? Are you aware of their review?

Dr. ROSWELL. Their charge is quite broad and we certainly hope that they will look at all possible causes.

Mr. BUYER. Mr. Brown, rather than leave us with a hope, could you give some direction in that?

I mean Mr. McHale's line of questioning is very, very good.

Secretary BROWN. I think we can resolve this. We will make sure it is included in their research.

Mr. BUYER. Thank you very much.

I yield back to my colleague.

Mr. MCHALE. Mr. Chairman, I thank my colleague, Mr. Buyer. I will simply close with this comment, if I may.

I am very doubtful that any chemical exposure, for instance, from Iraqi weaponry, be it land mines or a missile delivery system, resulted in the widespread, and I think accurate, reports of illness following the Gulf War. I think that environmental conditions that I personally observed are a much more likely cause of the widespread illness that we have heard about today.

Nonetheless, contrary to Dr. Dorn's statement, very well-trained senior marine officers have told me based on their personal observations that they believe chemical weaponry was used during the course of the war and that our original concerns were subsequently validated by battlefield contamination that was accurately detected.

So, I don't want to be planting the seed for alarm here. I don't think that we had widespread exposure or widespread illness as a result of chemical contaminants. But I do believe that there is cred-

ible evidence which needs to be much more carefully examined corroborating the existence of those contaminants on the battlefield.

Thank you, Mr. Chairman.

Mr. EVANS. Thank you.

Does the gentlewoman from California have any more questions?

The gentleman from Indiana.

Mr. BACHUS. Let me ask just two or three questions, because I am trying to sort of rule out things and see if I have an accurate perception of what we know so far.

You know, for the last month or so we have heard so much about the Czech exposure. Now that was Saran nerve gas. Let me ask you these three things. I am under the impression that the Czech troops have reported no health effects from this, have they?

General BLANCK. Ten individuals who were members of the then Czechoslovakian forces have reported health problems. I reviewed each of the subsequent evaluations these individuals had and none of them are unexplained; that is, they ran the gamut of the diagnoses one would expect in that population. Certainly I could see nothing that would have been related to either the acute or long-term effect of exposure to nerve or other chemical agent.

Mr. BACHUS. And has not the Czech Government decided the same thing?

General BLANCK. Yes. They have stated the same thing.

Mr. BACHUS. I mean even though they have reported it they have investigated it and found that the symptoms these soldiers displayed, and even our soldiers in the areas, are not consistent with exposure to the low levels of Saran that could have been there. Is that right?

Mr. DORN. That is correct.

General BLANCK. Yes. In fact, the Czechs specifically reported that they had no symptoms at the time, zero, and no ill effects whatsoever. Only after returning to the Czech Republic did they develop, as I mentioned, rheumatoid arthritis, someone had diagnosed hepatitis B, and so forth, that they were concerned was a consequence of their service in the Gulf.

Mr. BACHUS. Also, we have studies 20, 30 years back on Saran, about exposure to 10 times higher amounts with absolutely no effect in the population, is that correct?

Mr. DORN. That is correct. Although as I mentioned earlier, one of the things we want to do is very carefully go back through everything we can find that is known about exposures to a wide range of agents and see whether we have missed anything. That is one of the important functions of the Defense Science Board Task Force.

Mr. BACHUS. In this whole episode about this exposure, you have been accused of having a cover-up. But I think as you said today, we have evidence but that evidence does not lead us to believe that there was any exposure which caused health-related problems to our soldiers. I am not sure that you have come out and announced that the Czech Government has reported this, and I am not sure that you do alarm the population, or that there is any responsibility on your part to make any announcement in that regard.

Let me ask you this. This is another thing. I am trying to put all this together in my own mind. Earlier it was reported that

there was a study of—5,300 veterans who served in the Gulf War, and 5,300 veterans who served during the same period but who did not go to the Gulf, and that study showed that when you looked at the conditions that they were suffering, that they were suffering almost every condition in equal numbers whether they served in the Gulf or didn't serve in the Gulf, including respiratory diseases?

You found no difference in the group who served in the Gulf and the group that didn't, except in, I think, post-traumatic syndrome and alcohol dependence, with I think troops in combat.

But has that study been discredited? Or is that study out there? Or am I right about that?

Dr. ROSWELL. Yes, Mr. Bachus, you are essentially correct. There was a study performed by the epidemiology unit in our Section of Environmental Medicine that looked at 6,092 Persian Gulf veterans who were hospitalized at VA Medical Centers and those results were compared with 6,265 Persian Gulf-era veterans who were also hospitalized in VA Medical Centers but did not serve in the Persian Gulf. Even though those numbers are fairly large, because of the small numbers of specific conditions it is difficult to draw convincing evidence.

However, you are correct. The only primary difference was in the incidence of PTSD. And, as we would expect, post-traumatic stress disorder was seen more frequently in those veterans who had service within the Persian Gulf.

And I do think it is important that we not generalize a large population study to specific exposures that an individual unit may have had regardless of what type environment——

Mr. BACHUS. Yes. And I am not indicating that we should not be concerned here as we look at these various studies. But on occasion we do get back information which leads us to believe that there are—I mean I think the perception in the public is that we are dealing with most soldiers that went to the Gulf.

I have heard statements on TV programs that most of our vets who went to the Gulf are suffering health-related problems connected with that. We have nothing to indicate that that is the case. If we have 13,000 who have been to the VA, that is two percent. And then you have looked at those conditions and on many occasions you have identified what their problem was and it is not service-related.

Let me close by saying I am just searching for things. But I think part of the story is that there are a great percentage of our veterans who have not become sick. And that doesn't mean we don't have sick veterans, but we need to identify how big is the problem.

Because I think some of our veterans are saying, "My gosh, I went over there and the majority of folks that went over there have come back with serious problems. I may have a problem. Why didn't I get it? I must have been one of the few that didn't."

And I am not sure that is a healthy atmosphere.

Secondly, Ms. Waters, you mentioned why don't we examine them all, and I think that is something we have to ask. But one thing, before we make that decision, I think we have to decide the cost and what is the benefit of going out there and taking 625,000 vets who have not shown up at any VA hospital and expressed any desire to be treated or they have not even indicated that they felt

like they had a health problem. That cost at $200 or $400 a person could be $400 million or $200 million, I would think. I don't know at what the cost would be but——

Ms. WATERS. Would the gentleman yield?

Mr. BACHUS. Yes. And I am not saying that you are wrong.

Ms. WATERS. No. I am saying that any Persian Gulf veteran that comes to the VA Center with a complaint should be looked at for a number of reasons. To be looked at because they are there and we have complaints that we don't understand, so that we could have the data and information by which to do the kind of research that maybe needs to be done.

But secondly, you know, one of the things that amazes me about veterans is the poor health that veterans generally are in. I am always concerned when I am in a room of veterans and I am watching everything from weight to smoking to what have you, I wonder if we are doing the best job that we could do in preventive health care.

And so I am anxious whenever veterans present themselves to see to it that they get physical examinations and be instructed on how to better take care of themselves.

Gentlemen?

Secretary BROWN. We can handle that under health care reform.

Mr. DORN. Mr. Bachus, if I may comment, I appreciate your observation about the importance of getting information out there and about the misinformation that may exist out there, the unnecessary apprehension. Your comment builds on one that Mr. Bishop made earlier.

I think we probably could do a better job of communicating the facts and putting this problem in perspective. It is, as Secretary Brown said, a serious problem regardless of whether we are dealing with a few dozen or a few hundred or a few thousand people. We have an obligation to ensure that our current and former servicemembers get the best possible care.

Nevertheless, I think we do want to avoid communicating in a way that causes undue alarm. I appreciate your observation. In fact, I appreciate this hearing for giving us an opportunity to clear up some misunderstandings at least. We will certainly try to clear up others.

Mr. EVANS. The gentleman from Indiana.

Mr. BUYER. Mr. Dorn, we are going to give you more opportunities to come back not only here, but I have received a commitment from Ike Skelton to bring in the Surgeon Generals over on the Military Forces and Personnel Subcommittee. Armed Services has the jurisdiction over the military health care delivery system, so we are going to do that. So, if I don't get to see you, I will get to see some of the Surgeons General.

A lot of questions have been directed toward the chemical agents. I am curious when I look at Soviet doctrine and our studies and preparations. Not only did we analyze moving into that theater, looking at Soviet doctrine, we also looked at how the Iraqis utilized some of it in the NBC atmosphere, not only what they did against the Kurds, but also what they did in the Iran-Iraq War.

Following Soviet doctrine, we know that they like to use cocktail mixes. So, if you have a cocktail mix of either a chemical agent

along with biological agents, do we have any evidence or do you know whether or not that was being done in the Gulf War?

Mr. DORN. Let me answer generally that the Iraqis are not known to have ever used biological agents, only chemical agents.

Mr. BUYER. Then what—okay.

Mr. DORN. And further, the mix of the two does not have obvious advantages. However, I am willing to defer to another member of my group here who knows a lot more about the use of chemical weapons than I do.

Mr. BUYER. All right. If you said that Iraqis are not known to have chemical or biological weapons, why did you give anthrax shots? Why did you give us botulism shots help me here. Thanks.

General BLANCK. Because we feared that they did. And in fact, we knew that they had bought the agents and when we went in afterwards found that they were doing research on it, but they had not weaponized them. They had no military capability that we could tell afterwards, though we feared that they did beforehand. And, in fact, we also had subsequent information that they did not use such agents, never did in the Iraqi-Iranian War either, only chemical.

Mr. BUYER. Thanks. Of the testimony on the Armed Services Committee, I believe Mr. McHale was following that line of questioning, about the detections from the Czechs, around KKMC, 20 miles from the triborder mark of Iran, Iraq, Kuwait, you have detections on the 19th and the 20th of that January, and there were some statements that on the 17th of January, two days before that, we had bombed a factory in An Nasiriyah.

The statement was, "Well, the prevailing winds were blowing towards Iran. You know, it is not blowing toward us, it is blowing towards Iran. So what is the problem?"

It bothered me there. I know that part of the difficulty that I know a lot of us have is how did it even get there in the first place. There is no evidence at all of how the chemical agents got to where they were.

And my curiosity is ringing loud in that—well, wait a minute. You say the prevailing winds blow to Iran, and for four months, four-and-a-half months I was at an enemy prisoner of war camp which is close to that area and we were in total darkness.

We were far, far away from the oilfields that were on fire. As a matter of fact, that is like having Boston on fire and you pick it up in Buffalo, NY. And everybody knows the winds blow West to East. And you say, "Oh, excuse me. How can Buffalo be in total darkness?"

Now, if you look at how—Mr. Dorn, I am just applying some—I am not a news guy. I am just a guy that was there on the floor, the desert floor, and I do know that even the way the sandstorms came that if you got the winds that came in from the Gulf and the winds that come around—I mean there was a sweeping there in that area. So, the oil fires that are burning up towards Kuwait City and north, northeast of that, that smoke keeps doing this (Indicating.)

So, my question is, if that is what was happening with the oil fires, what was in that factory that you are aware of on the 17th

of January that we blew up? Were there any chemical agents? And if so, could any of that have been spread by us over the battlefield?

Mr. DORN. Let me offer two levels of response. One is to offer a rather detailed classified briefing for you on what we know about that. The other is to offer generic public response.

The public response is this. If we had let loose large amounts of chemical agents during a bombing, the effect on the surrounding population would have been dramatic and noticeable; that is, large numbers of people in the area surrounding An Nasiriyah would have died. There is no evidence of that.

Mr. BUYER. So, the classified part of this that you want to talk about later is what was actually in there?

Mr. DORN. We can provide information about what was there, and more importantly, about our analysis of the effects of the bombing.

Mr. BUYER. I will take you up on that. I will.

One more thing, Mr. Brown—maybe I could switch gears for a second. May I?

Mr. EVANS. Sure.

Mr. BUYER. I think Mr. Bishop in his line of questioning was right on point about the public perceptions that are out there and the veterans are dealing with. You know, first, in your reaction to Mr. Bishop you are saying that you were surprised that the veterans' community has a perception problem, and then in response to Ms. Waters you said, "I know that there is a level of distrust."

But I think what Mr. Bishop was getting at, and he is being very pragmatic here, is making sure that our outreach is real and that people know about it, and I think that is beginning to happen. I toured the Gulf War clinic that has been established at the Roudebush VA Center in Indianapolis. I know you have some other clinics around.

But getting that word out to veterans is great, and the more of that that can be done the better. So I compliment you. I mean I am an ally with you in this, Mr. Brown.

Mr. Dorn, on the active side we have a long way to go. Are there any—maybe it is from me not knowing at this point. But maybe you can educate us here. We will get into this in more detail on the Armed Services side.

But what outreach have you done or are you going to do in the military health care delivery system to reach out to those Gulf War veterans? You have got over 200—I don't know how many are still on active duty. Quite a few, I think. Two hundred thousand?

(The information follows:)

We have initiated an outreach program to Service members who may be experiencing health problems as a result of service in the Persian Gulf. We are sending out messages to encourage them to report any health problems they are experiencing. Our first priority is to ensure that those who served their country in Operation Desert Shield and Desert Storm receive the care they require.

The Department has provided guidance on Persian Gulf health-related issues through various mechanisms, including messages, letters, and memoranda from the Department starting in March, 1991. The Under Secretary of Defense (Personnel and Readiness), Dr. Edwin Dorn, briefed members of the Reserve Officers Association of the United States, Health Advisory Committee (January 24), the Military Coalition (March 3), and the Army National Guard Senior Commanders (March 5) on the Department's initiatives on this issue.

On March 3, Dr. Edward Martin, Acting Assistant Secretary of Defense (Health Affairs), sent a memorandum to the Assistant Secretaries of the three Military Departments, addressing concerns among Persian Gulf War veterans, their families, and Members of Congress that the symptoms being experienced by some veterans represent a form of undiagnosed communicable disease. Dr. Martin's memorandum formally established the Persian Gulf War Veterans Health Surveillance System.

Additionally, we are currently staffing memoranda on Persian Gulf Health Issues that will be sent from the Secretary of Defense to the Secretaries of the Military Departments and to all active and reserve Persian Gulf War veterans. The memorandum to the veterans encourages recipients to come forward for a complete medical examination and be entered into the Persian Gulf War Veterans Health Surveillance System if they are experiencing health problems that may be related to service in the Persian Gulf.

General BLANCK. We have taken several steps and we will continue to do so. At one level we have sent messages to all the commands asking them to emphasize to their soldiers, sailors, airmen, marines, the need to go to their hospital for evaluation.

Mr. BUYER. All right. That was last year.

General BLANCK. And we continue to do that.

Mr. BUYER. How many messages do you send out?

General BLANCK. I have sent out at least two.

Mr. BUYER. Do you know what happens down at the hospital level?

General BLANCK. Yes. The messages I just mentioned are to the line command. We have also identified an individual at each of our hospitals who is charged with following individuals who come in, so that they have some continuity and can see the same kind of person, and that has been a Health Services Command initiative. The Navy and the Air Force have done the same kinds of things.

The other thing is that the medical centers, those centers that do substantial graduate medical education—the Bethesdas, Wilford Halls, Walter Reeds, and so forth—are centers to which such individuals can, if necessary, be referred for the evaluation.

Mr. BUYER. How many have come in? From active duty, how many have reported, saying, "I am suffering from problems," do you know?

General BLANCK. Problems that they were worried were related, other than the broken legs and that kind of thing——

Mr. BUYER. Yes.

General BLANCK. Several hundred. Several hundred, most of which we have been able to diagnose with something that may well have been due to the service in the Gulf, leishmaniasis being a perfect example. We are left with at least 60 that we have remaining on active duty who have the illnesses that we cannot diagnose. Others have, of course, subsequently gotten out and gone to the VA.

Mr. BUYER. We talked about this with General Blanck last June, but the problem here, Mr. Chairman, on the active duty side are the pressures within the military at a time when we are downsizing and soldiers are trying to protect their careers, for fear of even coming forward. And I gave that example of an active duty soldier waiting to talk to me in a stairwell so nobody could even listen to it, because he is up for reenlistment.

General BLANCK. Of course, there is no question that that occurs. And I would point out that, of course, this is equally frustrating for us, and also occurs with some who have heart disease, asthma, or

any kind of condition that may be disqualifying. It is a real problem in a time of downsizing.

Mr. BUYER. How do we bring them in? Thank you.

Mr. EVANS. Mr. Bishop, do you have any questions?

I have another round at least of questions, and I would start with General Blanck originally because you testified here earlier.

You indicated that the claimants among active duty, actually veterans as a whole, I guess, was comprised disproportionately of rear echelon servicemembers; is that correct?

General BLANCK. Yes, that is correct. Now, we certainly have those complaining who were in the front line troops, some Special Operation folks who were way out in front. Largely, however, they are in the rear troops, in combat support and service support.

Mr. EVANS. Would that be disproportionate to the numbers of actual behind the lines kinds of forces in the armed forces in the Persian Gulf?

General BLANCK. Yes.

Mr. EVANS. Do you know how disproportionate it would be?

General BLANCK. I can't give it off the top of my head.

Mr. EVANS. If you could give us answer.

General BLANCK. Yes, I can. I will give you that.

(The information follows:)

Since the front-line parameters have not been defined, this information is not available at this time. The Army Environmental Support Group is developing a data base of unit movements in the Gulf. When this data base is completed in 1995, it will be used in combination with other information concerning dates and locations of possible contaminations or environmental hazards (such as oil fire smoke). This information will allow us to piece together movements and possible exposures of individuals who are experiencing health problems and to try to identify cause(s). Additionally, the VA Environmental Epidemiology Service is in the process of checking the VA Registry participants against DOD's Registry and will identify complaints and diagnoses against MOS (Military Occupational Specialty). The next step will involve matching individual MOSs to locations in the Gulf and then to cross match them to complaints/diagnoses.

Mr. EVANS. All right. We would appreciate that.

And the question to you, I guess, General, and maybe to the VA as well, I understand that there is a much smaller number of veterans being referred to the VA specialty clinic in West Los Angeles, the medical center there, than throughout the rest of the system, at the other specialty clinics at Washington and Houston.

Mr. Secretary, or General, could you explain to us why that might be?

Mr. DORN. I am sorry, Mr. Evans, I could not pick up the question.

Mr. EVANS. It may be more directly related to the VA, but I guess there are some active duty people that may be going to West L.A.

Essentially, I understand that there are far fewer people going to the West Los Angeles Medical Center specialty clinic than there are in the Washington and Houston specialty clinics. Doctor, or Mr. Secretary, if you could.

Secretary BROWN. Part of it is based on geographic proximity to the veteran and the veteran's particular desires for being referred to one of the three referral centers. The other factor is that the Washington center in particular has been identified for its expertise in infectious diseases such as leishmaniasis, while the Houston

center has been identified for its expertise in environmental conditions and political sensitivity. So, I believe that the referral patterns are probably a reflection of where veterans are who had service in the Persian Gulf, where they want to be referred and what particular types of problems are being referred.

Mr. EVANS. All right. Would there be any—I was told by a doctor at West L.A. that part of the problem may be that a larger number of Reserve units from the East Coast and the Midwest were called up, and therefore when people get out of their Reserve service they come back to the areas from which they came. Is that a factor?

Secretary BROWN. Yes, I think it is a factor.

Mr. EVANS. All right. Mr. Secretary, according to a report in the Detroit Free Press the VA researchers found a significant number of Persian Gulf veterans with Epstein-Barr virus which causes chronic fatigue syndrome. How important do you feel this feeling is—finding is, excuse me?

Dr. ROSWELL. The study you allude to, Mr. Evans, is a preliminary finding that was addressed as a "Letter to the Editor" of the Journal of the American Medical Association, and it was scheduled to be published later this month.

The review looked at a number of veterans who had service in the Persian Gulf and found evidence of previous viral infection with three very common viruses: the Epstein-Barr virus, which is the virus that causes mononucleosis; a related virus known as cytomegalovirus; and a third series of viruses known as the herpes simplex viruses. Those viruses, in fact, are quite common in this age population, and one of the limitations of the report is that there is not a control group to evaluate the incidence of these viruses.

I would also point out that Dr. Fran Murphy from our Washington VA Medical Center has recently reported no increased incidence of the same Epstein-Barr virus in veterans seen at that particular referral center. So, I think those findings are interesting, but I think at this time it is premature to say that they are conclusive, although certainly we plan to look further at the incidence of these and other viral conditions.

Mr. EVANS. I have a series of questions in that same vein that I am going to submit to the record and ask you to respond to.

And, Doctor, I understand the Secretary had indicated that your facility at Birmingham has yet to develop a working protocol. Do you know how long it is going to take to develop that protocol, and what would be done with the vets who have already been seen by the VA?

Dr. ROSWELL. Actually, the protocol has been developed. The Scientific Advisory Committee at Birmingham includes 15 physicians. The protocol for the formal phase of evaluation for possible environmental agent exposure and the neuropsychological testing was only begun about three weeks ago. So we have a—because of the intensity of that testing, we have a small number of veterans who have completed the full evaluation protocol. I anticipate it would be another 60 to 90 days at a minimum before we would have enough information to draw even preliminary conclusions.

Mr. EVANS. All right. I guess a joint question to both Secretaries. The Department of Defense recognizes multiple chemical sensitiv-

ity and will grant a medical discharge for this condition. The VA, however, does not yet recognize MCS as a compensable disability.

The frustration I think veterans are having is the fact that there is two different decisions made by two different departments. Are we going to be working together so that our veterans will come out with similar, if not identical, disability rating determinations, not only with illnesses but the percentage of disability? Is that part of the Interagency—General?

General BLANCK. The Department of Defense has used that diagnosis and we have backed off on it because we need to get together with the VA. Now, we continue to rate it analogous with chronic fatigue syndrome and so forth, but the diagnosis itself I think needs further work before we use it officially.

Actually, that was used by the personnel system Physical Disability Board, which is now working with the VA. DOD and VA use the same system. We use the VA's guidelines and their diagnostic classification for our diagnoses. When we go outside of it we will use something analogous, and that's what happened on this. But I think we are working very closely together and a part of the joint effort that you heard about to look at this has to do with compensation and disability. We are on the same sheet of music.

Mr. EVANS. All right. I have some further questions that I will submit to the record in this vein.

Finally, I would like to conclude where the chairman kind of began, and that is dealing with, Mr. Secretary, Sepulveda and the whole health care crisis I see developing in Northern California with the Martinez problem continuing. As we go into national health care, and I know that is not really the topic here today, I just want to urge you to come up with a real workable plan in both areas, because we are talking about, of course, a State that has at least 10 to 11 percent of the veterans in our country that is also going to be severely impacted by several of the military hospitals shutting down, and, of course, with the influx of people coming to California through the normal demographic changes we are having in our country and the people that will come back after being downsized.

So, my one question is will you—in the supplemental are we seeking money for contracting out for services for veterans in Sepulveda, that have been using Sepulveda?

Secretary BROWN. I think we are okay for the time being. The fact of the matter is, we have been able to absorb the 331 patients in our other facilities. The majority of them went to West L.A. They are now operating at about 85 percent capacity, and we still have about 200 beds that are not activated. So, we have plenty of capacity there.

But at the same time we do agree with you. We do not intend for this to linger on as we observed with Martinez. We recognize that the Travis facility has a catchment area larger than 26 states and it is still not complete. We are going to move forward very, very fast.

That is one of the reasons we requested about $70 million up front in the supplemental. At the same time we have a commitment to make sure we have enough money in that contingency

fund to allow us to move forward and develop our options once we have had a chance to conceptualize them.

Mr. EVANS. All right. I know many of the Californians in Congress are worried about this, and, obviously, as we try to fold back into the areas that have been affected by this obviously it is going to be important, if we enact national health care reform, to make sure the VA in that most populous State is going to be an active player there. So, I appreciate that attitude.

If my colleagues have no other questions——

Mr. BUYER. Just for a clarification, Mr. Chairman.

Mr. EVANS. I yield to the gentleman from Indiana.

Mr. BUYER. Thank you.

Mr. Brown, when you give your directives to the National Academy of Science in reference to the mix of all these drugs——

Secretary BROWN. Yes.

Mr. BUYER (continuing). Will you also ask them to look at the genetics, its effect upon genetics?

Secretary BROWN. Yes.

Mr. BUYER. Given what is occurring down there in Alabama and Mississippi, I would appreciate that.

Secretary BROWN. Yes.

Mr. BUYER. And given the fact that NAS is independent, though, is Dr. Mather the liaison with them?

Secretary BROWN. Yes.

Mr. BUYER. Okay. Thank you so very much.

Mr. EVANS. All right. We thank you, Mr. Secretaries.

Secretary BROWN. Just one observation I would like to make before we close. First of all, I too, like Secretary Dorn, want to express my sincere appreciation to this committee for giving us an opportunity to share with the American people exactly what we are doing. We think it is important to our national defense, but more importantly, we believe that it is of value to our veterans—the point that Congressman Bishop was making—and we appreciate that.

I think it is also important to note for the record that we are dealing with areas we have never encountered before. This is the dirtiest war that we have ever encountered.

We are looking at a wide spectrum of possible causes. We need to figure out exactly what impact this is going to have on our veterans, not only to take care of them now, but also to make sure that we do not expose them to future risk.

We need to look at the pathological impact of depleted uranium. This is something new we have not observed. We are not only talking about those people who are now living with shell fragment wounds in their bodies, but we are also talking about those who may have ingested or inhaled this material.

The environmental hazards we talked about; leishmaniasis, multiple chemical sensitivity, chemical or biological agents, the injections that were given to our veterans there.

There are many, many possible causes, and I think it is very, very important, if nothing else comes out of this process, that the veterans of America know that we are going to let everything remain on the table until we find some answers. They expect nothing less and we are not going to give them anything less.

Thank you so very much, Mr. Chairman.

Mr. EVANS. Thank you, Mr. Secretary, and you are now dismissed. We appreciate your time and so many people that attended.

For the record, I would like to ask unanimous consent that the statements submitted by The American Legion be included in the hearing record. And I would also like to ask unanimous consent to submit a review of the DVA Persian Gulf Registry prepared by the Veterans Health Administration and dated December 20, 1993, that it also be included as part of the hearing record.

Without objection, it is so ordered.

And this hearing is concluded.

[The prepared statement of The American Legion appears at p. 101.]

[The "Health Surveillance of Persian Gulf War Veterans" appears at p. 72.]

[Whereupon, at 12:12 p.m., the committee was adjourned.]

APPENDIX

STATEMENT OF
THE HONORABLE JESSE BROWN
BEFORE THE
HOUSE COMMITTEE ON VETERANS' AFFAIRS
FEBRUARY 1, 1994

Mr. Chairman and Members of the Committee:

I appreciate the opportunity to appear before this Committee to discuss the health problems being experienced by some veterans who served in the Persian Gulf War. I know that you, like us, are deeply concerned about these matters, and we are eager to work with you in finding the answers. My goal is the same as yours -- to find out what is causing the health problems of these veterans and to provide them with the help they need. I assure you that I will continue to dig into this issue until I know all the answers.

Even before the fighting in the Gulf stopped, we at VA watched the oil fires burning and anticipated that they might well lead to health problems for Americans serving there. We began then what was to be the first of a significant number of actions to address health issues related to service in the Persian Gulf. We began to develop a registry examination program modeled on existing Agent Orange and Ionizing Radiation Registries. This was designed to provide veterans who have health concerns access to a comprehensive physical examination, baseline laboratory tests, and other tests when indicated. The information derived from these examinations is entered into a computerized data base with the results closely monitored to discern patterns of illnesses or complaints among Gulf War veterans. While we are seeing a wide variety of symptoms, there has not been any trend or pattern. As of November 30, 1993, approximately 13,000 veterans had received Persian Gulf War registry examinations.

We have looked at the results of the first 7,427 veterans (6,600 males and 827 females) who have received these Registry examinations. The most frequent complaints are skin rashes (15 percent), fatigue (14 percent),

muscle and joint pain (13 percent) and headache and memory loss (each 11 percent). These figures are not cumulative, nor do they in all cases indicate an unexplained illness.

Office of Technology Assessment Report

In September 1993, the Office of Technology Assessment (OTA) released a congressionally mandated report which provided an assessment of the utility of the VA Persian Gulf Registry examination program. The report concluded that a "good start has been made on all facets of the registry complex." OTA made a number of recommendations and VA is taking action to respond to their suggestions. The report suggested that VA should immediately revise the examination protocol. On November 18, Persian Gulf Referral Center staff met with the Assistant Chief Medical Director for Environmental Medicine and Public Health to work on the revisions. The OTA report also cited some areas in which VA and DoD may be better able to work together and share information. We are currently working with DoD to implement the recommendations.

Treatment

On December 20, 1993, legislation authorizing priority health care for Persian Gulf veterans, on both an inpatient and outpatient basis, was signed into law by the President.

Under this new authority -- Public Law 103-210 -- Persian Gulf veterans are provided priority health care similar to that authorized for Vietnam veterans concerned about the health effects of Agent Orange and veterans exposed to ionizing radiation as a result of the atmospheric detonation of nuclear devices. We greatly appreciate the efforts of the Chairman and many members of this Committee in the development and enactment of this provision. We are also grateful for the cooperative spirit between the Committee and VA that made it possible to craft a measure that met the concerns of all those involved. However, as you know, this legislation expires on December 31, 1994, we therefore, urge prompt congressional action on an extension.

If a Persian Gulf veteran presents unusual symptoms which cannot be diagnosed or otherwise managed at the local medical center, a referral is made to one of three special referral centers located at VA medical centers in West Los Angeles, Houston, and Washington, D.C. These centers were selected on the basis of availability of clinical and academic expertise in such areas as pulmonary and infectious diseases, immunology, neuropsychology, and access to toxicology expertise. As of January 26, 1994, there have been 68 admissions of such referrals. Of these, only four have had conditions that could not be diagnosed. There are 38 more scheduled to be seen at these referral centers, and we are currently working out mutually agreeable schedules with these veterans.

Research

While considerable effort is made to learn the cause of a veteran's medical problems, in some cases a definitive diagnosis has proven to be elusive. This is frustrating for both the patients and their doctors. To address this problem, we have sought expert medical advice and are beginning a special research initiative. Last year, I established a "Persian Gulf Expert Scientific Panel." This sixteen member panel comprised of experts in environmental and occupational medicine and related fields from both government and the private sector and representatives from veterans service organizations met in May 1993 and considered issues related to the diagnosis, treatment, and research of Persian Gulf-related health conditions. Among other recommendations, this panel concluded that further scientific review of this complex issue is essential. In light of this, the Panel recommended establishment of a permanent advisory committee. Subsequently, on October 16, 1993, an advisory committee was approved. The first meeting of this committee will take place on the 22nd and 23d of this month.

In June 1993, I also established a specialized Persian Gulf veterans working group within VA to address the need for research including research on multiple chemical sensitivity. In September, I approved the recommendations from that group to establish VA environmental hazards

research centers. On January 10, 1994, we issued to our medical centers a special solicitation to create up to three such centers. These centers will provide a nucleus of research activity in toxic environmental hazards and serve as a focal point for coordination of research and will take full advantage of both government and non-government resources. Activation of the centers is planned for the fourth quarter of FY 1994 following appropriate peer review.

To address the issue of the perplexing symptoms associated with the Persian Gulf War, VA, together with the Departments of Defense and Health and Human Services, is also planning a workshop on the Persian Gulf experience and health. Under the aegis of the National Institutes of Health, we will bring together experts in the medical community who will endeavor to define this problem. Because differences of opinion exist as to the definition and scope of this problem, such a workshop will permit public discussion of these differences and lead to a better understanding of the issues involved. We are also seeking to produce at the workshop a case definition for the unexplained illnesses suffered by Persian Gulf veterans. The workshop, which is being coordinated with DoD and HHS, is planned for May 2 and 3, 1994.

Complementing this effort will be the results of a review by the Medical Follow-up Agency of the National Academy of Sciences, due in October 1995, of the existing scientific, medical, and other information on the possible health consequences of Persian Gulf service. The Agency will be providing its views on VA and DoD efforts to develop useful information on the health concerns of Persian gulf veterans and its recommendations on the epidemiological study of these veterans.

In response to concerns raised by some members of reserve units that served in the Persian Gulf theater that they are now suffering the effects of exposure to chemical agents and because they have neurobehavioral symptoms suggestive of such exposure, we have selected the Birmingham VA Medical Center as the site for a pilot test program to explore the matter further. A review of the literature on the effects of a group of chemicals

known as cholinesterase inhibiting agents, has shown that human beings may experience long-term neurologic sequelae after certain types of heavy exposures. A specialized neurological examination protocol has been developed at Birmingham, to determine what, if any, neurologic effects Persian Gulf veterans are experiencing. Initial examinations are focusing on members of reserve units in Alabama and Georgia, individuals who have participated in the Persian Gulf Registry at the Birmingham facility, and local veterans reporting to that facility with symptoms of concern. I must emphasize that such testing will not confirm whether the individuals were exposed to any particular agent because there is no screening test for any specific cholinesterase inhibiting agents. The examinations will detect the types of disabilities which could result from exposure and perhaps provide clues for future diagnosis and treatment.

It is important to stress that, in the absence of biological or clinical markers, VA physicians cannot confirm exposure to chemical agents which may have occurred years ago. We can only confirm the presence of pathological changes which may be a result of exposure. The continuing uncertainties about exposures to chemical agents reinforce the need for research to try to answer veterans' questions about whether their symptoms could be due to such exposures.

On August 31, 1993, pursuant to section 707 of Public Law 102-585, President Clinton designated VA the overall coordinator of all federally funded research into the possible health effects of service in the Persian Gulf War. On January 21, the Secretaries of the Department of Defense, Veterans Affairs and Health and Human Services announced the formation of a new interagency board to work to resolve the health concerns of Persian Gulf War veterans, including active duty personnel and reservists with Gulf service.

The Persian Gulf Veterans Coordinating Board, headed by the three Secretaries, will merge the expertise and capabilities of each department and coordinate efforts to find the cause of and treat Persian Gulf veterans'

health problems and develop guidelines for compensation. Three working groups will focus on research, clinical issues, and disabilities and benefits. An interagency staff, located in VA headquarters in Washington, D.C., will coordinate the activities of the board and the three working groups.

I believe we must continue to provide medical treatment to Persian Gulf veterans, but we also need to hasten our efforts to find out what is causing their health problems. We must pool all of our resources and expertise to help these veterans become whole once again. This new board ensures a focused, intensive effort to achieve this goal.

In all our clinical and research efforts, we will continue to seek reasons why veterans are sick and provide proper treatment with a goal of restoring these veterans to good health. These veterans deserve medical explanations for their illnesses. In proceeding with the development of focused research into other health issues that may have resulted from Persian Gulf service, we need to keep an open mind about the possible causes of the unexplained illnesses.

If I may, I would like to digress for a moment to bring the Committee up-to-date in the area of benefits claims processing for Persian Gulf War veterans' claims. I would like to begin by discussing the decision to centralize claims processing for conditions claimed as a result of exposure to any environmental hazards in the Persian Gulf.

Not long after the immediate danger of Desert Storm ended, veterans began filing claims for health problems which they believe resulted from exposure to environmental hazards in the Gulf. Processing of disability claims based on exposure to an environmental hazard was centralized in our Louisville, Kentucky Regional Office. This was done to better collect information to identify patterns of claims sharing common environmental factors. It was also done to develop a corps of claims examiners with expertise in rating these special issues. Centralization of processing has not adversely impacted timely completion of VA physical examinations since

exams are conducted at the appropriate medical center in the veteran's state of residence.

Mr. Chairman, as of the January 24, 1994, the VA Regional Office in Louisville has received 2,844 claims from veterans who believe their disability resulted from exposure to environmental hazards. Of that total, 1,124 cases have been decided and service-connection for a disability associated with exposure was granted in 171 cases.

Family Members

Finally Mr. Chairman, we are extremely concerned about the Persian Gulf veterans' family members who have developed symptoms since their loved ones returned from the Gulf and especially the children born following the veterans deployment. We salute the brave mothers and fathers who first brought these problems to our attention and pledge that we will work hard to try and solve the problem. Our testimony at your January 21 hearing in Meridian, Mississippi, dealt with those issues in detail.

I want to emphasize that we are totally committed to working together to care for those who are sick and to seek causes for any unexplained illnesses. As our witness, Dr. Susan Mather, testified before this Committee in Meridian, we want to do everything we can to address our veteran's needs, and we welcome any and all suggestions from this Committee.

That concludes my formal statement. I will be pleased to respond to any questions you may have.

* * *

Health Surveillance of Persian Gulf War Veterans

A Review of the Department of Veterans Affairs Persian Gulf Registry and the Patient Treatment File

Han K. Kang, Dr. P.H.
Nancy A. Dalager, M.S.

Environmental Epidemiology Service
Veterans Health Administration
Department of Veterans Affairs

December 20, 1993

Health Surveillance of Persian Gulf War Veterans

I. Review of the Persian Gulf Registry Examination Data

IA. Background

Public Law 102-585, Veterans Health Care Act of 1992, mandated that the Department of Veterans Affairs (VA) create a registry of the health examinations which may be requested by veterans of the Persian Gulf War. This program provides veterans with health concerns a comprehensive physical examination with appropriate baseline laboratory tests. Additional diagnostic tests and referrals to specialists are made where indicated. Certain information on veterans from these examinations is recorded on a two-page registry codesheet at the local VA hospital for forwarding to a central location. The codesheet data is keyed in, and a computerized database is created and updated periodically. To date, the registry contains examination data on 7427 veterans. A review of the registry data is presented here.

IB. Results

Table I-1 describes the demographic and military characteristics of military personnel deployed in the Persian Gulf area during the Persian Gulf War. One of the first efforts undertaken by VA at the conclusion of the war was to coordinate with the Department of Defense (DOD) in constructing a roster of all U.S. service men and women assigned to military units that served in the Persian Gulf area during the War. VA and DOD agreed that in order to address anticipated concerns of veterans over exposures to smoke from oil well fires as well as exposures to other environmental hazards, all individuals who served in the area needed to be identified with appropriate demographic and military information. Two major problems in studying the health effects of Agent Orange exposure among the Vietnam veterans has been the lack of enumeration of Vietnam veteran population and the inability to identify readily a large number of veterans who received a substantial exposure to Agent Orange. In order to avoid this kind of problem, the Defense Manpower Data Center (DMDC) prepared a computer file of 696,562 individuals deployed to the Persian Gulf area during the war and transferred the file to VA.

Note that certain demographic characteristics are substantially different for those who served in active units

and those who served in activated reserve or national guard units. Individuals who served in active units were younger (mean age 27.4), and included a relatively smaller proportion of women (6.1%) than those who served in activated reserve or national guard units. Unlike the Vietnam War, a larger portion of deployed troops (17%) came from activated reserve and national guard units.

Table I-2 describes the distribution of demographic characteristics for the 7427 veterans currently entered on the VA Persian Gulf Registry. Demographic characteristics of those who came to VA for an examination are not substantially different from those troops deployed in the Gulf area. However, the military characteristics of the registry participants are significantly different when compared to the characteristics of the entire cohort of deployed troops (Table I-3). Even after considering eligibility status for the registry examination, those who served in national guard and reserve units are more likely to have participated in the registry examination than those who served in their counterpart active units. Their rate of registry participation was several fold greater than their counterparts. (see Figures 1 and 2)

A wide variety of complaints were made by the participants. Table I-4 lists the ten most frequent complaints among the 7427 veterans. Skin rash, fatigue, muscle and joint pain, headache and loss of memory are frequently mentioned. Note that 1294 veterans (17.4%) expressed no specific complaints.

Table I-5 lists the distribution of major categories of diagnosis as reported by VA environmental physicians presented by branch of service. There seems to be no significant variation in occurrence of major categories of medical problems, or any specific medical conditions (Table I-6) by branch of service. It was originally assumed that troops who served in one branch of service (e.g. Army) would have different environmental exposures in the Gulf area than troops in another branch of service (e.g. Navy) leading to different patterns of complaints and medical conditions.

Table I-7 describes 19 cases of cancer reported in the registry (18 males and 1 female). There is no discernible demographic, military or pathological pattern to the distribution of cancer cases. Because it is a self-selected

group of individuals it would be difficult to make a meaningful comparison with a general population. Whether the observation of 19 cancer cases out of 7427 examinations reflects an abnormal rate of occurrence is unknown. Furthermore, because of the long latency period often associated with cancer originating from environmental exposures, it may be too early to evaluate the cancer risk related to Persian Gulf service.

Table I-8 summarizes veterans' responses to a question about birth defects in children conceived before service in the Gulf War and in children conceived after veterans returned from the Gulf War. According to the registry of 7427 veterans, 209 veterans reported having children with birth defects: 115 as having been conceived before Persian Gulf service and 94 after Persian Gulf service. The nature of birth defects are not defined and the occurrence of birth outcomes are based on self-reports.

Tables I-9 and I-10 consist of a cross-tabulation of persons with and without symptoms and diagnoses versus their self-reported health status. Subjects were asked to self evaluate their health status using evaluations ranging from very good to poor. As expected, individuals with health complaints also tend to rate themselves in poor health. Similarly, individuals with diagnosable medical conditions rate themselves in poor health. Of the 6133 veterans with one or more symptoms, 5059 or 82.5% were assigned at least one diagnosis. Overall, the vast majority of those who came to VA for a registry examination have self-perceived as well as diagnosable medical conditions.

IC. Discussion

In analyzing and describing the registry data, one must recognize many limitations related to the source of the data and therefore exercise great caution in its use. The veterans in the registry are a self-selected group of veterans who are concerned about the possible adverse health effects of service in the Gulf area and who were willing to come to VA hospitals for physical examinations. In addition, a majority of troops who served in the war are still in service with active units, and they would not yet seek medical care from a VA hospital. Therefore, the registry participants may not be representative of either the overall troops deployed in the Gulf area or those who are eligible for medical care from VA. One cannot

be sure whether certain symptoms and diseases in the registry participants are under-represented or over-represented. A valid external comparison of health outcomes from this group to another population is difficult to make for this reason. Given these limitations, an internal comparison of the registry data may produce more useful information for a future study.

ID. Future plan

Because a disproportionately high number of Persian Gulf veterans who served in reserve units and national guard units have participated in VA registry examinations, a further in-depth analysis of the registry data for these individuals is planned as follows:

1) Compare symptoms and diagnoses observed among those who served in reserve and national guard units with other registry participants for relative frequency as well as patterns;

2) identify units with which they served in the Gulf area for a cluster of units and their possible common experience;

3) determine rate of participation by units and evaluate them by military characteristics such as types of duties and locations in the Gulf area.

II. Review of the VA Patient Treatment File Data for Persian Gulf War Veterans

IIA. Background

The Patient Treatment File (PTF) is a computerized hospital discharge abstract system of inpatient records, including patients' demographic data, surgical and procedural transactions, and patient movement and diagnosis. One PTF record is prepared for each discharged VA in-patient by the discharging station. Over one million veterans are treated as in-patients in VA hospitals each year. The PTF record contains information on such variables as name, Social Security number, date of birth, sex, martial status, period of military service and discharge diagnosis. Military service during the Persian Gulf era is noted on the record but the

actual service in the Persian Gulf area is not documented. The PTF was matched with the Persian Gulf War roster of veterans prepared by the DMDC, and VA in-patients who served in the Persian Gulf area were identified. As of September 30, 1993, 6092 Persian Gulf veterans and 6265 era veterans were treated in VA hospitals on an in-patient basis, and a review of the resulting data is presented here.

IIB. Results

Table II-1 describes the demographic characteristics of 6092 Persian Gulf veterans and 6265 era veterans who were treated in VA hospitals. Women veterans constituted 7 6% of the Persian Gulf veteran patients, whereas 14% of era veteran patients were women. The 7.6% figure may be a simple reflection of the gender distribution of the troops deployed in the Persian Gulf area: 7.2% of the deployed troops were women and 8.8% of the troops excluding those who were still on active duty as of September 30, 1993 were women. Otherwise, the racial distribution, marital status and age distribution of the two groups were similar to each other.

Table II-2. describes the distribution of military characteristics of these patients. This distribution is also a reflection of the characteristics of the troops deployed in the Persian Gulf area. For example, the distribution of Army troops deployed in the area by unit status is 76% in active units, 13% in reserve units and 11% in national guard units. Excluding those who were still on active duty, the distribution is 60% in active units, 22% in reserve units and 18% in national guard units. In the PTF, the distribution of Army Persian Gulf veteran patients by their unit status is 58% in active units, 23% in reserve units and 19% in national guard units. Unlike the Persian Gulf Registry, veterans who served in the reserve or guard units are not over represented in the VA in-patient population. Whether Persian Gulf War veterans were over- represented in the VA in-patient population was not determined because of different eligibility for hospital admission for different service era veterans.

Table II-3 lists the distribution of major categories of discharge diagnosis. There appears to be no significant variation between the two groups of patients in the type of medical conditions for which they were treated. One possible exception is that relatively more Persian Gulf veterans were treated for adjustment disorders including PTSD than the era

veteran patients. A separate review of the discharge diagnoses for women veteran patients also showed similar results (Table II-4).

IIC. Discussion

Because the rules and regulations governing the eligibility of VA hospital admission may affect the Persian Gulf veterans and the era veterans differently, one needs to be cautious of a simple comparison of these two groups of veterans. On January 5, 1994, legislation was enacted into law which authorized priority health care for Persian Gulf veterans for both outpatient and in-patient treatment. The same priority consideration is not authorized for the era veterans.

III. Summary

Veterans who served in reserve and national guard units are more likely to participate in the registry examination than those who served in active units. A wide range of symptoms were recorded while skin rash, fatigue, muscle and joint pain, headache, and loss of memory are most frequently mentioned. Despite an assumption that troops who served in the Army would have different environmental exposures in the Gulf area than those who served in the Navy leading to different patterns of complaints and medical problems, no significant variation in occurrence of major categories of medical conditions by branch of service was observed. Among children born to the Persian Gulf Veterans, no more children conceived after Persian Gulf service than children conceived before Persian Gulf service have birth defects. The nature of birth defects, however, is not defined in the registry, and the occurrence of birth outcomes is based on self-reports.

The Persian Gulf veterans who received in-patient medical care at VA hospitals are similar to overall troops deployed in the Persian Gulf area with respect to their demographic and military characteristics. The type of medical conditions for which they were treated were also similar to other veteran patients who were in the military during the same period. No one category of medical condition is either over-represented or under-represented among the Persian Gulf veteran patients in comparison to the era veterans with the possible exception of mental disorders. The reason for the apparent variation needs to be evaluated further.

In spite of several limitations to the Persian Gulf Registry and the VA PTF, these databases can serve a useful purpose in suggesting areas for further in-depth review and study. These two databases can provide an opportunity to identify possible adverse health trends on which to base the design and conduct of valid epidemiologic studies.

Table I-1

Demographic and Military Characteristics of

Participants in Persian Gulf War

Characteristics	Active Units (n=580,433) %	Reserve Units (n=72,348) %	National Guard (n=43,781) %	Total (n=696,562)* %
Sex				
Male	93.7	84.9	89.1	92.5
Female	6.1	14.7	9.6	7.2
Unknown	0.2	0.4	1.3	0.3
Race				
White	69.6	73.4	77.7	70.5
Black	23.3	21.0	18.3	22.8
Other	7.0	5.7	3.9	6.7
Marital Status				
Single	42.8	49.9	34.7	43.0
Married	54.3	44.8	57.8	53.5
Formerly Married	2.7	4.9	6.2	3.2
Unknown	0.2	0.4	1.4	0.3
Rank				
Enlisted	89.3	86.4	90.4	89.1
Officer	9.3	12.6	8.5	9.6
Warrant	1.4	1.0	1.0	1.3
Branch				
Air Force	12.2	7.6	14.7	11.9
Army	46.0	64.6	85.3	50.4
Marine	15.7	17.8	-	14.9
Navy	26.0	10.0	-	22.7
Coast Guard	0.1	-	-	0.1
Mean Age (1991)	27.4	30.4	32.6	28.0

* Source: Defense Manpower Data Center

Table I-2

Distribution of Demographic Characteristics of 7,427 Veterans on the Persian Gulf Registry and 696,562 Participants in Persian Gulf War

Characteristics	PGR		Gulf War Participants
	No.	%	%
Sex			
Male	6600	88.9	92.5
Female	827	11.1	7.2
Unknown	-	-	0.3
Race			
White	5171	69.6	70.5
Black	1686	22.7	22.8
Other & Unknown	570	7.7	6.7
Martial Status			
Single	2194	29.5	43.0
Married	4062	54.7	53.5
Formerly Married	1171	15.8	3.2
Unknown	-	-	0.3
Age in 1991			
≤ 24	2245	30.3	40.9
25-29	1441	19.4	25.0
30-34	1097	14.8	15.3
35-39	944	12.7	10.0
40-44	931	12.5	5.6
45+	769	10.4	3.2
Mean Age (1991)	31.6 yrs		28.0 yrs

Table I-3

Distribution of Military Characteristics of 7,427 Veterans on the Persian Gulf Registry and of 696,562 Participants in the Persian Gulf War

Characteristics	Registry		Gulf War Participants
	No.	Percent	(Percent)
Rank			
Enlisted	6589	87.6	89.1
Officer	391	5.3	9.6
Warrant	97	1.3	1.3
Unknown	430	5.8	-
Branch			
Air Force	416	(100) 5.6	(100)11.9
Active	187	(45)	(85)
Reserve	79	(19)	(7)
Guard	69	(17)	(8)
Unknown	81	(19)	(-)
Army	5549	(100)74.7	(100) 50.4
Active	2095	(38)	(76)
Reserve	1398	(25)	(13)
Guard	1812	(33)	(11)
Unknown	244	(4)	(-)
Marine Corps	838	(100)11.3	(100)14.9
Active	645	(77)	(88)
Reserve	167	(20)	(12)
Unknown	26	(3)	(-)
Navy	590	(100) 7.9	(100)22.7
Active	245	(42)	(95)
Reserve	274	(46)	(5)
Unknown	71	(12)	(-)
Coast Guard	28	<1	<1
Unknown	6	<1	<1

Table I-4

Ten Most Frequent Complaints Among 7,427 Veterans on the Persian Gulf Registry

Complaints	Frequency	Percent
Skin Rash	1124	15.1
Fatigue	1044	14.1
Muscle, Joint Pain	981	13.2
Headache	847	11.4
Loss of Memory	823	11.1
Shortness of Breath	521	7.0
Diarrhea	346	4.7
Cough	295	4.0
Choking Sensation, Sneezing, Halitosis, Mouth Breathing	274	3.7
Chest Pain	195	2.6
No complaint	1294	17.4
Total (persons)	7427	100

Table I-5

Percentage Distribution of Diagnoses for 7,427 Veterans

on the Persian Gulf Registry by Branch

Diagnosis (ICD9)	Army (N=5549) %	Marine (N=838) %	Navy (N=590) %	Air Force (N=416) %	Total (7427) %
Infectious diseases (001-139)	7	8	7	6	7
Neoplasms (140-239)	1	1	2	2	1
Mental disorders (290-319)	13	12	13	11	13
Nervous system (320-389)	8	6	8	7	8
Circulatory system (390-459)	7	3	6	6	6
Respiratory system (460-519)	16	17	14	16	16
Digestive system (520-579)	11	8	10	11	11
Genitourinary system (580-629)	3	3	3	2	3
Skin & Subcut. tissue (680-709)	13	13	11	13	13
Musculoskel/conn.tissue (710-739)	25	20	23	20	24
Injury and poisoning (800-999)	6	5	5	14	5
No Medical DX	23	26	23	24	23

Table I-6

Percentage Distribution of Selected Diagnoses for 7,427 veterans on the Persian Gulf Registry

Diagnosis (ICD9)	Army %	Marine %	Navy %	Air Force %	Total %
Leishmaniasis (085)	0.07	0.1	0.7	0	0.1
Athlete's Foot (110.4)	1.6	1.7	1.7	1.2	1.6
Anxiety States (300.0)	1.8	1.4	2.4	2.4	1.8
Neurasthenia (300.5)	0.3	0.1	0.2	0.5	0.3
Tension Headache (307.81)	1.8	1.8	1.9	1.0	1.8
Chronic PTSD (309.8)	2.7	3.0	1.2	2.4	2.6
Depressive Disorder (311)	1.8	1.7	1.7	1.9	1.8
Chronic Bronchitis (491)	0.9	0.7	0.5	1.4	0.8
Asthma, Unspecified (493.9)	2.6	2.5	2.0	1.9	2.5
Chronic Airway Obstruction (496)	1.4	1.0	1.7	1.0	1.4
Gingival and Periodontal Disease (523)	0.9	0.6	0.2	0.2	0.7
Non-Infectious Gastroenteritis and Colitis (558.9)	3.6	3.6	3.7	2.4	3.5
Dermatitis, Unspecified Cause (692.9)	3.3	2.1	4.1	2.6	3.2
Baldness, Alopecia (704.0)	1.7	2.4	0.8	1.9	1.7
Pain in Joint (719.4)	6.9	5.3	5.1	3.6	6.4
Low Back Pain (724.2)	3.4	3.9	2.5	3.1	3.4
Total	100	100	100	100	100

Table I-7

Distribution of the Cancer Cases by Site

Among 7,427 Veterans on the Persian Gulf Registry

Type	Male No.	Female No.
Tongue	1	
Lung	2	
Pleura	1	
Soft Tissue	2	
Melanoma	1	
Other Skin	3	
Prostate	1	
Testis	2	
Adrenal Gland	1	
Hodgkin's Disease	1	1
Other Lymphoma	1	
Others	2	
Total	18	1

Table I-8

Self-Reported Evidence of Birth Defects

Among Veteran's Children

Events	Number	Percent
No Children Born	1565	21.1
No Birth Defects	5653	76.1
Yes Birth Defects	209	2.8
Conceived before Persian Gulf Service	115	1.5
Conceived after Persian Gulf Service	94	1.3
Total	7427	100

Table I-9

Self-Reported Health Status in Relation to Symptoms

Among 7,427 Veterans on the Persian Gulf Registry

Health Status	Symptoms			
	Yes		No	
	No.	%	No.	%
Good, Very Good	2062	34	779	60
All Right	2543	41	386	30
Poor, Very Poor	1469	24	103	8
Unknown	59	1	26	2
Total	6133	100	1294	100

Table I-10

Self-Reported Health Status in Relation to Medical Diagnosis Among 7,427 Veterans on the Persian Gulf Registry

Health Status	Medical Diagnosis			
	Yes		No	
	No.	%	No.	%
Good, Very Good	1919	34	922	53
All Right	2360	41	569	33
Poor, Very Poor	1360	24	212	12
Unknown	60	1	25	2
Total	5699	100	1728	100

Patient Treatment File Data for Persian Gulf Veterans

Table II-1

Demographic Characteristics of 6,092 Persian Gulf Veterans and 6,265 Era Veterans Treated in VA Hospitals on an Inpatient Basis

Characteristics	Persian Gulf Vets		Era Vets	
	Number	Percent	Number	Percent
Sex				
Male	5629	92.4	5363	85.6
Female	463	7.6	902	14.4
Race				
White	3863	64.4	4168	66.5
Black	1520	24.9	1442	23.0
Other	709	11.7	655	10.5
Martial Status				
Never Married	2230	36.6	2010	32.1
Married	2400	39.4	2528	40.4
Divorced/Separated	1405	23.1	1633	26.1
Other	57	0.9	94	1.5
Mean Age (1991)	29 yrs		31 yrs	

Table II-2

Distribution of Military Characteristics of

6,092 Persian Gulf Veterans Treated in

VA Hospitals on an Inpatient Basis

Characteristics	VA Inpatients		Gulf War Participants
	No	Percent	(Percent)
Rank			
Enlisted	5800	96.8	89.1
Officer	164	2.7	9.6
Warrant	25	0.5	1.3
Unknown	103	1.7	-
Branch			
Air Force	337	(100) 5.5	(100)11.9
Active	268	(80)	(85)
Reserve	28	(8)	(7)
Guard	41	(12)	(8)
Army	3624	(100)59.5	(100)50.4
Active	1117	(58)	(76)
Reserve	835	(23)	(13)
Guard	672	(19)	(11)
Marine Corps	930	(100)15.3	(100)14.9
Active	818	(88)	(88)
Reserve	112	(12)	(12)
Navy	1201	(100) 9.7	(100)22.7
Active	1062	(88)	(95)
Reserve	133	(11)	(5)
Coast Guard	6	<0.1	<1

Table II-3

Distribution of 6,092 Persian Gulf Veterans and 6,265 Era Veterans Treated on an Inpatient Basis By Selected Diagnostic Group

Discharge Diagnoses (ICD 9)	Persian Gulf Veterans		Era Veterans	
	Number	Percent	Number	Percent
Infectious and parasitic diseases (001-139)	183	2.5	222	2.9
Malignant Neoplasms (140-208)	127	1.7	187	2.4
Other Tumors (210-239)	74	1.0	104	1.4
Mental disorders (290-319)	2556	34.7	2356	30.6
alcohol dependence (303)	856	11.6	759	9.9
drug dependence (304)	373	5.1	316	4.1
adjustment disorders including PTSD (309)	446	6.1	268	3.5
Diseases of nervous system and sense organs (320-389)	259	3.5	368	4.8
Diseases of circulatory system (390-459)	258	3.5	375	4.9
Diseases of respiratory system (460-519)	389	5.3	375	4.9
Diseases of the Digestive system (520-579)	812	11.0	767	10.0
Diseases of the Genitourinary system (580-629)	292	4.0	360	4.7
Skin and subcutaneous tissue (680-709)	172	2.3	147	1.9
Diseases of the Musculoskeletal and connective tissue (710-739)	669	9.1	828	10.8
Injury and poisoning (800-999)	671	9.1	625	8.1
Others	903	12.3	974	12.7

Note: These tabulations represent primary diagnoses from all inpatient visits, with some veterans having more than one inpatient stay. Percentages are of either the total number of diagnoses for Persian Gulf Veterans (7365) or the total number of diagnoses for Era Veterans (7688).

Table II-4

Distribution of 463 Women Persian Gulf Veterans and 902 Women Era Veterans Treated on an Inpatient Basis By Selected Diagnostic Group

Discharge Diagnoses (ICD 9)	Persian Gulf Veterans		Era Veterans	
	Number	Percent	Number	Percent
Infectious and parasitic diseases (001-139)	12	2.1	26	2.3
Neoplasms (140-239)	18	3.1	75	6.6
Mental disorders (290-319)	188	32.1	282	24.9
alcohol dependence (303)	18	3.1	45	4.0
drug dependence (304)	21	3.6	22	1.9
adjustment disorders including PTSD (309)	38	6.5	47	4.1
Diseases of nervous system and sense organs (320-389)	27	4.6	77	6.8
Diseases of circulatory system (390-459)	12	2.1	36	3.2
Diseases of respiratory system (460-519)	28	4.8	53	4.7
Diseases of the Digestive system (520-579)	50	8.6	89	7.9
Diseases of the Genitourinary system (580-629)	78	13.3	150	13.2
Skin and subcutaneous tissue (680-709)	10	1.7	14	1.2
Diseases of the Musculoskeletal and connective tissue (710-739)	60	10.3	117	10.3
Injury and poisoning (800-999)	24	4.1	69	6.1
Others	78	13.3	146	12.9

Note: These tabulations represent primary diagnoses from all inpatient visits, with some veterans having more than one inpatient stay. Percentages are of either the total number of diagnoses for women Persian Gulf Veterans (585) of the total number of diagnoses for women Era Veterans (1134).

Figure 1

Persian Gulf Registry Participation Rate

by Branch and Unit Status

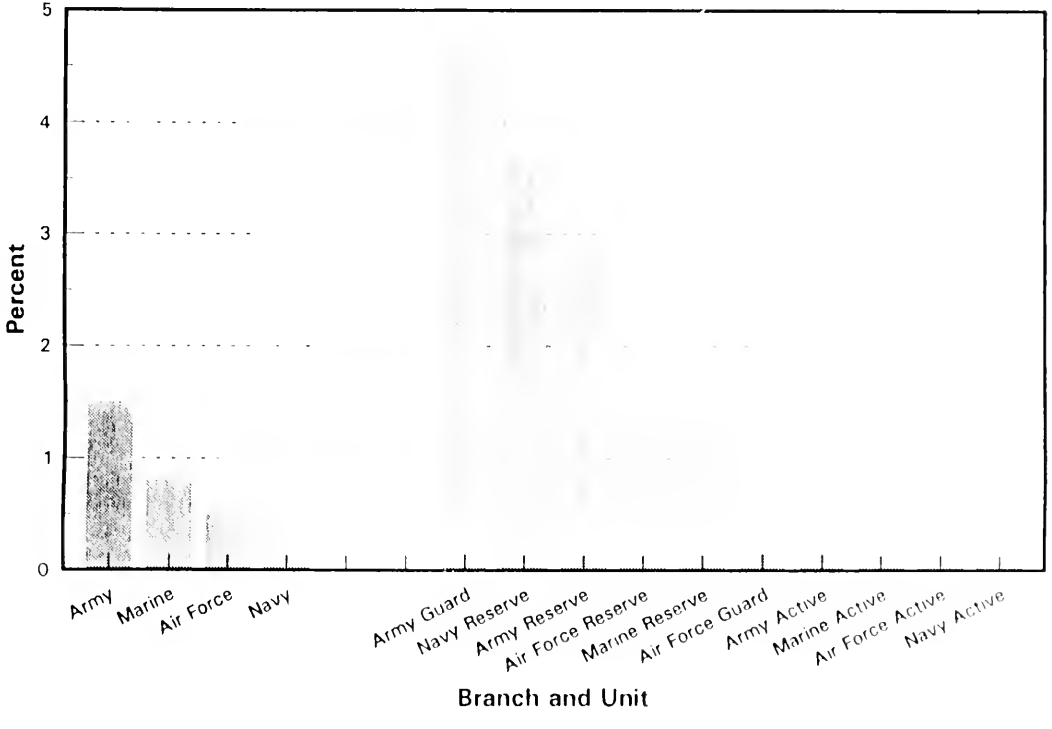
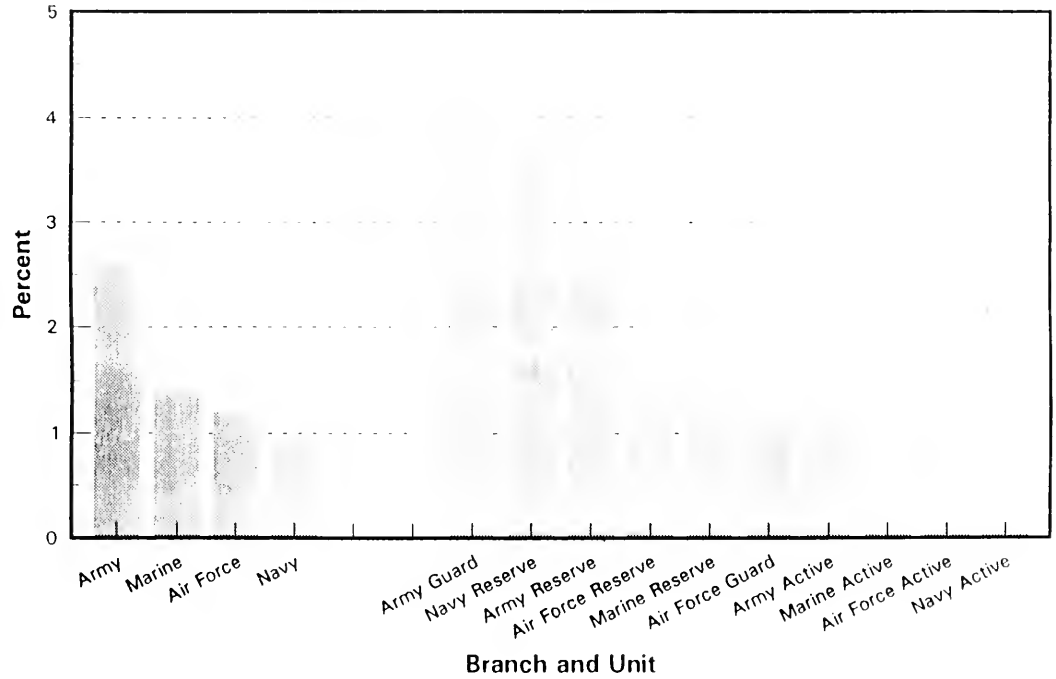


Figure 2

Persian Gulf Registry Participation Rate

Excluding Those Who Were Still on Active Duty as
of September 30, 1993--by Branch and Unit Status



STATEMENT BY
THE HONORABLE DR. EDWIN DORN
ASSISTANT SECRETARY OF DEFENSE
(PERSONNEL AND READINESS)

Mr. Chairman and Members of the Committee:

I appreciate the opportunity to join Secretary Brown so that we can tell you what we have been doing, in the Department of Defense, the Department of Veterans Affairs, and the Department of Health and Human Services to address the health effects of service in the Persian Gulf.

First, I want to stress that the health and well being of our current and former service members is a top priority for all three Departments. I believe you already know about the interagency organization we have established to support and coordinate research activities, clinical evaluation, and compensation policies. An organizational chart, with key staff identified is attached to this statement.

Let me begin by explaining why such an effort is so valuable. Secretary Aspin, Secretary Brown, and Secretary Shalala established the Coordinating Board for three reasons:

- first, to ensure that our different agencies share a common understanding of the problem that needs to be addressed --- the unexplained illnesses affecting some of our Persian Gulf veterans.
-second, to ensure the most effective and the broadest possible allocation of resources to focus on the problem; and
-third, to ensure the systematic, timely dissemination of information among our agencies on matters related to the unexplained illnesses.

As a result of discussions among our agencies, including a meeting among the three Cabinet Secretaries, we have achieved a common understanding of the problem and of how we plan to work together on it.

The problem, of course, is that a number of Persian Gulf veterans have complained of symptoms whose origins we have not been able to diagnose. Let me put this into perspective.

More than 650,000 US military personnel served in the Gulf. Several thousand were treated for readily diagnosable injuries or illnesses resulting from their service. A few Persian Gulf veterans were treated for unusual problems. For example, about 30

were diagnosed with Leishmaniasis. Another group of about 35 with injuries from shrapnel with depleted uranium are being followed through periodic check-ups to determine whether they experience any long-term health effects.

DoD and VA physicians have also seen several hundred Persian Gulf veterans who have complained about a combination of symptoms -- generalized fatigue, allergy-like problems, gastrointestinal disturbance, muscle and joint pains, memory loss, and headaches -- whose causes we have not been able to diagnose. These symptoms have come to be called the "mystery illness" or "Persian Gulf Syndrome." More recently, you conducted a hearing to learn about health problems of family members of Persian Gulf veterans.

The people who have so far been identified as suffering from these unexplained problems represent only a very small percentage of the total number of US military personnel who deployed to the Gulf. Nevertheless, we are taking this matter very seriously. We are determined to care for the sick, to fashion appropriate disability and compensation rules, and to continue our research into every possible cause of their illnesses, from parasitic diseases to environmental pollutants to chemical agents.

I would like to briefly comment on some of the things we have been doing inside the Department of Defense. Secretary Aspin has asked me to serve as the focal point for all efforts related to Persian Gulf health issues, within Defense as well as with other agencies.

I know that Major General Ron Blanck has appeared before you to discuss at length the status of our activities related to Persian Gulf health issues.

We recognized from the onset of the activity in the Persian Gulf that our forces would be exposed to many hazards. We took immediate steps to inoculate and protect against known hazards and to identify additional hazards during the operation. As a matter of fact, some of these defensive procedures, for example inoculations, are among those factors being studied as possible causes of the unexplained illnesses.

The first unforeseen contaminant we recognized as a possible health hazard was the smoke from the Kuwaiti oil fires. Interagency teams of environmental and medical experts were sent to the Persian Gulf to document exposures and are continuing the analyses to determine any possible health effects. Other potential health hazards identified during the course of the operation include: the leishmania parasite, which is transmitted by a common sandfly in the Persian Gulf and carried in the bloodstream; exposure to depleted uranium from shrapnel; and, more recently, possible exposures to chemicals and other environmental contaminants, most likely from industrial plants. We

are continuing studies to evaluate both short and long-term health effects from all of these hazards and to discover any possible linkage between these hazards and the unexplained illnesses that have come to our attention during the last year.

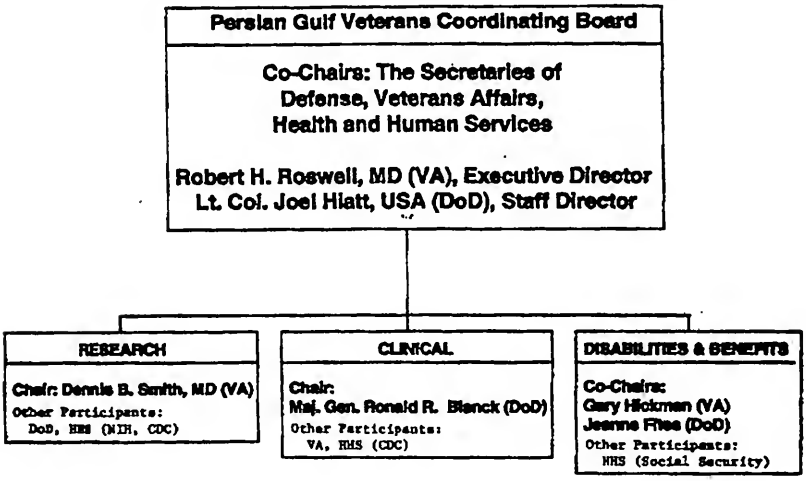
From the beginning of the deployment to the Persian Gulf, we took steps to create a roster of individuals deployed and the dates of their deployment. Tracking individual movements in theater during a military operation is an art we have not yet mastered, but we will use every piece of information available, from self-reported information to manual unit-level reports to automated data bases on unit assignments. This information will allow us to piece together movements and possible exposures of individuals who are experiencing health problems and to try to identify causes.

Through the interagency organization that we have just formed and through intense efforts within each of our Departments, I want to assure you that we will continue to investigate all information available. At Secretary Aspin's request, the Defense Science Board has convened a Task Force on Gulf War Health Effects. The Task Force, led by Dr. Joshua Lederberg, a Nobel Prize Laureate, has already had three two-day meetings. They are reviewing all information related to the presence of chemical and biological agents in the Gulf as well as analyzing the expected health effects of chemical exposures, even at very low levels. They are also reviewing clinical and research data and considering other possible causes of the unexplained illnesses. In May, a two-day conference at the National Institutes of Health will be held to develop expert agreement on clinical, research, and compensation matters.

Our Departments are committed to providing the best possible care, to providing appropriate disability compensation, and to identifying the causes of health problems.

This concludes my formal statement. I will be happy to answer questions.

INTERAGENCY ORGANIZATION



Statement of

Kimo S. Hollingsworth, Assistant Director

National Legislative Commission

The American Legion

to the

Committee on Veterans Affairs

United States House of Representatives

February 1, 1994

Mr. Chairman, The American Legion appreciates this opportunity to express its concerns regarding the continuing health problems faced by veterans who served in the Persian Gulf. The Legion, Persian Gulf veterans and their families appreciate this Committee's leadership on this complex issue. This Committee supported the Legion's recommendation for the establishment of the VA's Persian Gulf War Registry. This Committee was the origin of H.R. 2535, to provide adequate health care for Persian Gulf veterans within the VA health care medical system. This Committee held hearings when others in Congress ignored the issue.

The American Legion is pleased that H.R. 2535 was signed by President Clinton and is now Public Law 103-210. Already we have received reports from some Persian Gulf veterans that treatment at many VA medical facilities has improved. However, there is still a lack of consistency in the handling of Persian Gulf related illnesses by both VA and DoD.

Many Persian Gulf veterans seek service-connnected disability ratings at the time of separation from active duty or shortly thereafter. Most of these servicemembers believe their illness is a result of service in the Persian Gulf. Yet, numerous claims have been denied because no medical diagnosis can be reached by DoD or VA health care professionals. No one denies that they are ill, but the VA and DoD health care professional cannot isolate the cause of the symptoms. This

creates a "Catch 22" for the Persian Gulf veterans. No service-connected disability rating will be awarded until a diagnosis is made. If no diagnosis is made, no rating. While DoD and VA search for the diagnosis, Persian Gulf veterans and their families must suffer the consequences.

Persian Gulf veterans must prove that their health conditions were a result of their service in the Persian Gulf, rather than the government proving that the medical problems were not incurred by military service. The fact is, that if veterans had these medical conditions prior to deploying to the Persian Gulf; they would have been medically disqualified for service. The average Persian Gulf veteran does not have the money, health benefits or time to prove his illness to VA or DoD. Persian Gulf veterans are facing the same problems as did Vietnam veterans and Atomic veterans. Ironically, when a recruit raises a hand and pledges to serve in the armed forces; no one questions the recruits integrity or intentions and is not reluctant to send them off to war.

"Putting Veterans First" is the new department battle cry for the VA. The American Legion cannot agree more and commends Secretary Brown for his strong leadership and dedication to America's veterans. The Legion hopes that the Secretary will increase the Department's concern for the Persian Gulf Registry. Our field service representatives report that very few personnel at VA medical centers have knowledge of the Persian Gulf Registry program. In most cases, the Registry is assigned to low grade staff in Medical Administrative Services. This assignment is usually an additional assignment and not part of the person's job description. Most veterans are having difficulty getting scheduled for the mandated "baseline" physical exam. Many medical centers tell veterans they must first be placed on the Registry before they can receive treatment. This causes a major problem. Veterans must first complete the administrative process and then be scheduled for a

medical exam. Since many medical centers use contract physicians to conduct the initial exam, only a few exams are scheduled per week. Getting on the Persian Gulf Registry can take from 6 months to a year. Once this process has been completed, veterans are "officially" on the Registry. Then and only then can veterans receive treatment for the medical problems they are experiencing.

Many of the Persian Gulf veterans, especially recently separated veterans, who contact the Legion for assistance were unaware that VA has a Registry. It would only seem logical that DoD would add information concerning the Registry to the separation process. Additionally, since DoD has its own Registry, why not send a notification to all the Persian Gulf veterans? Information about the Registry could also be included in the Leave and Earnings Statements (LES) sent monthly to all active duty personnel and Reservists. Not only should they be informed of the Registry, but they should be encouraged to participate whether they are ill or not. As with mustard gas exposure from WWI, ionizing radiation from WWII and post WWII and Agent Orange from Vietnam, many veterans may not experience symptoms until years later.

DoD is doing a terrible injustice to active duty military personnel that are discharged because of undiagnosed medical problems that could possibly be related to service in the Persian Gulf. In reality, these veterans are being discarded and their problems passed to the VA for resolution. To add insult to injury, minimal disability ratings are awarded to the symptom and no rating awarded for the cause since it is unknown.

Once discharged, the veterans who were unable to perform to government standards are expected to find employment in the private sector. The veterans and families lose their military health care package and must find a private health care plan that will cover the same medical conditions that the government

doesn't even recognize. The private health care package then becomes unaffordable or protests paying for service-connected or preexisting conditions. Although the veteran can now go to the VA for treatment, that still does not take care of the family's health care needs.

The American Legion would encourage DoD to place these disabled servicemembers on the Temporary Disability Retired List (TDRL) until the condition can be diagnosed. This would help the veteran and his family until the VA can settle the veteran's claim. VA claims are taking nearly a year to be resolved. This action would fill the financial void. Since General Ronald Blanck, Commander of Walter Reed Army Medical Center, claims that only a few Persian Gulf veterans on active duty are experiencing this problem it should not be financially impossible.

General Blanck who has testified before Congress on this subject several times appears to be the official Army spokesperson for the Desert Storm issue. The American Legion would like to know who his counterparts are for the other military branches and if they will be invited to discuss how they are handling this issue.

In June of 1993, this Committee held a hearing on the Desert Storm issue, several non-government health care providers testified and offered to assist the government in its research effort. The Legion has not seen any "official" information as to the results of those offers. The Legion is pleased to see that both DoD and VA are now taking a serious look at the issue of multiple chemical sensitivity (MCS), a medical condition that neither organization recognized as a possible condition until recently.

The Legion is still very concerned about the possible use of nuclear, chemical or biological materials in the Persian Gulf

War. The Legion strongly encourages DoD to provide government health care officials all of the nuclear, chemical or biological munitions information that was present in the Perisan Gulf theater; to include munitions of all Coalition Forces and those known to have been possessed by Iraq. It is also important to know if any of Iraq's nuclear, chemical or biological weapons were prepositioned in munitions stockpiles in Kuwait or Iraq. Since no one can be abolutely sure of the degree of command and control Saddam had over his field commanders, eliminating the possibility of a unilateral decision to employ one of these weapons would be helpful in narrowing the possibilities.

The American Legion is encouraged by the recent actions by federal agencies to address the Persian Gulf medical problems. The Legion hopes that these are not just hollow promises, but rather sincere initiatives. This will be the third special commission established in the last two years! The first two efforts revealed few results. The American Legion is prepared to assist these agencies as best it can.

Presently, there are numerous Persian Gulf veterans from various units who witnessed an overhead, fireball explosion in the vicinity of al-Jubayl during the morning hours of January 20, 1991. DoD first denied the incident ever happened. Then DoD explained that the explosion was a sonic boom. Finally DoD explained that what the veterans experienced was a cloud of ammonia from a nearby industrial facility. DoD professed that they had no knowledge of French and Chezk low level chemical detection reports. This claim was later proven incorrect. The time for finger pointing is over. There are Persian Gulf veterans that are ill and federal health care professionals need the factual information to help them solve the mysteries surrounding their symptoms.

Finally, The American Legion continues to urge an epidemiological study of Perisan Gulf veterans. The longer this

study is delayed, the harder it will be to find conclusive information. Procrastination handicapped the research on Agent Orange, let us learn from our past mistakes.

PENNSYLVANIA COALATION
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Penny Larrisey
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OPERATION
DESERT SHIELD/DESERT STORM
ASSOCIATION INC
Charter #9117269101

CONGRESSMAN MONTGOMERY
CHAIRMAN VETERANS AFFAIRS COMMITTEE
HOUSE OF REPRESENTATIVES
334 CANNON BUILDING
WASHINGTON D.C. 20515

JANUARY 25, 1994

DEAR CHAIRMAN MONTGOMERY

THIS STATEMENT WAS PREPARED AND IS BEING PRESENTED TO BE INCLUDED FOR THE RECORD, FOR THE CONGRESSIONAL HEARINGS, ON FEBRUARY 1, 1994.

AS A EXPOSED WIFE, AND THE WIFE OF A UNEMPLOYED DISABLED PERSIAN GULF SOLDIER, AND AS A ORGANIZER OF A DESERT SHIELD/DESERT STORM, SUPPORT NETWORK, I AM FORWARDING TO YOU, SOME REAL LIFE SITUATIONS, WE DEAL WITH ON A HOURLY BASIS.

THESE SOLDIERS WENT QUICKLY WHEN ORDERED TO GO, AND WE ARE STILL ON HOLD, WAITING FOR CONGRESS TO MOVE AS QUICKLY, TO RESPOND TO OUR NEEDS.

RESPECTFULLY SUBMITTED;

Penny Larrisey - Wife

PENNY LARRISEY.

JANUARY25, 1994

THREE YEARS AGO, BRAVE, LOYAL, AMERICAN SOLDIERS LEFT THE COMFORT OF THEIR LOVED ONES AND THE SECURITY OF THEIR HOMES, TO PROUDLY SERVE THEIR COUNTRY. THESE SOLDIERS DID THE DUTIES REQUIRED OF THEM, FOR THE SERVICE TO THEIR COUNRTY.

THE SPOUSES AND CHILDREN SERVED, THEIR TOUR OF DUTY, WE PROUDLY SUPPORTED OUR LOVED ONES, AND BELIEVED IN THE CAUSE AND THE GOVERNMENT, WHO TOOK OUR LOVED ONES AWAY, FOR DUTY AND WAR. SPOUSES, THEN, STRUGGLED WITH THE LOSS OF INCOME AND THE ABSCENCE OF THEIR LOVED ONE ON THE HOME FRONT. TODAY, WE STILL SUFFER FROM LOSS OF INCOME AND LIVING WITH A SICK SOLDIER, AGAIN, THE ABSCENCE OF OUR LOVED ONE ON THE HOME FRONT.

TODAY, WE ARE STILL FIGHTING, BUT TODAY, WE ARE FIGHTING THE BATTLE FOR OUR LIVES, OUR CHILDRENS LIVES, AND THE LIVES OF THE FUTURE GRANDCHILDREN, YET TO BE BORN.

TODAY, IN 1994, IN AMERICA DESERT STORM SOLDIERS ARE DYING AT A ALARMING RATE, WE ARE LOOSING OUR JOBS, OR HAVE ALREADY LOST JOBS, INSURANCE, HOMES, SELLING OFF PERSONAL POSSESSIONS., AND WE ARE LOOSING OR HAVE LOST OUR SELF RESPECT, WHILE WE TRY TO WORK OUR WAY THROUGH THE COMPLICATED V.A. SYSTEMS, STATE WELFARE SYSTEMS, AND STATE UNEMPLOYMENT COMPENSATION. THESE SYSTEMS TREAT YOU VERY USER UNFRIENDLY. THEY MAKE YOU FEEL, YOU ARE TRYING TO GET SOMETHING FOR NOTHING. , INSTEAD OF WHAT YOU ARE ENTITLED TO.

AS ORGANIZER, OF A DESERT SHIELD/STORM SUPPORT NETWORK, IN PHILADELPHIA, PA, AREA, 70 SOLDIERS HAVE COME FORWARD, RANGING IN AGE FROM 23 TO 55, ACTIVE DUTY AND RESERVES. THESE SOLDIERS COMPLAIN OF A MULTITUDE OF SYMPTOMS. SOME HAVE SOUGHT CARE, OUTSIDE THE V.A. SYSTEM, TELLING US, THAT V.A. WILL NEVER GET IT TOGETHER, TO TAKE CARE OF US. MOST PRIVATE DOCTORS HAVE NO IDEA WHAT TO LOOK FOR. BOTH V.A. DOCTORS AND PRIVATE DOCTORS, REACH A LEVEL OF FRUSTRATION. WE HAVE ALL THESE SYMPTOMS, THEY TEST AND TEST, CAN'T FIND ANYTHING WRONG. WHEN ALL ELSE FAILS, GO TO THE PSYCHIATRIST. ITS ALL IN YOUR HEAD. THE PRIVATE PSYCHIATRIST, TELLS US IT IS A MEDICAL PROBLEM. THE V.A. PSYCHIATRIST, GIVES US DRUGS, AND

TELLS US WE ARE DEPRESSED.

A SOLDIER ASKED ME, ON 1/23/94,AT THE SUPPORT GROUP. WHY EVEN BOTHER, WITH ANY OF THIS LEGISLATION, WE ARE NOT GOING TO GET IT ANY WAY? WHAT IS ALL THIS LEGISLATION GOOD FOR? ARE WE GOING TO GET TREATED? IS THE V.A. GOING TO OPEN ITS DOORS FOR US AND TREAT US PROPERLY? I DON'T KNOW HOW TO ANSWER THESE QUESTIONS, DO YOU?

ANOTHER SOLDIER SAID, PENNY, I AM 24, I WON"T BE ALIVE IN 10 YEARS.

MY HUSBAND WATCHES CONGRESS PASS GRANTS OUT 3 MILLION HERE 5 MILLION THERE, FOR STUDIES, WE ARE ALWAYS BEING STUDIED, HAVEN"T YOU HEARD THE WORDS, DIAGNOSIS AND TREAT? GET RID OF THE SYMPTOMS, AND SKIN RASHES I CAME BACK WITH. TREAT ME, MAKE ME FEEL BETTER, RETURN TO ME, THE QUALITY OF LIFE I USE TO HAVE.

A MOTHER ASKED ME, WHAT IS MY SON'S FUTURE, WILL HE BE WELL ENOUGH TO HAVE A FUTURE LIFE, AND CHILDREN.

A NEW FATHER, TOLD ME AFTER THE BIRTH OF HIS SON. THE BABY IS O.K. ALL BIRTH DEFECTS SHOWED UP IN THE FIRST BABIES. NOT THE SECOND BABIES. HOW COULD I BURST THIS NEW FATHERS BUBBLE?

FROM WHAT I HAVE COME TO SEE, THE SOLDIERS I AM IN CONTACT WITH, ARE GETTING MORE UNEMPLOYED, BECAUSE OF THE RE OCCURING SYMPTOMS, TIME OFF BECAUSE OF DOCTORS APPOINTMENTS, AND RE OCCURING ILLNESS AND UNEXPLAINED ILLNESS. OUR WIFES ARE DEVELOPING SIMILAR SYMPTOMS. OUR SYMPTOMS ARE GETTING MORE SEVERE, AND BECOMING DISABLEING. THOSE WIFES, WHO CAN, HAVE BECOME THE SOLE SUPPORT OF THE FAMILY. OUR CHILDREN HAVE BIRTH DEFECTS, HEADACHES, AND SKIN RASHES, AND A MULTITUDE OF UNEXPLAINED ILLNESS.

WE ARE BEING TOLD 150-180 DAYS DELAYS IN THE PROCESSING OF V.A. APPEALS, WHEN V.A. RATES DISABLED SOLDIERS AT 10% FOR A LOUSY $85.00 A MONTH.

THESE SOLDIERS ARE STARTING TO BECOME ANGRY. THE SUPPORT NETWORKS, HAVE BUSTED OURSELVES TO PRODUCE THE NUMBERS AND THE INFORMATION THE CONGRESS AND SENATORS HAVE REQUESTED. THE SUPPORT NETWORKS HAVE BEEN ABLE TO GAIN THE CONFIDENCE OF THE SOLDIERS AND

THE SOLDIERS FAMILY. AND WE(THE SUPPORT NETWORKS) HAVE ALL PAID A PERSONAL PRICE FOR THAT INFORMATION, FOR YOU.

WE HAVE HAD INFORMATION, REQUESTED BY CERTAIN CONGRESSMEN, WE HAVE PRODUCED THAT INFORMATION, BY THOSE CERTAIN CONGRESSMAN. A SOLDIER ASKED ME ON JANUARY 23, IF THAT CERTAIN CONGRESSMAN, EVER RECIEVED OR ACKNOWLEDGED, THE INFORMATION HE REQUESTED, THAT WE SUPPLIED. I SAID NO. THE SOLDIER SAID, THAT ISN"T FAIR. THEY REQUESTED THIS INFORMATION, THEY WANTED TO HELP, AND THEY DID NOTHING, I MUST AGREE WITH THIS SOLDIER. WE ARE DEALING WITH BROKEN AND MORE EMPTY PROMISES.

IT USE TO BRING COMFORT, TO A SOLDIER, TO LET HIM KNOW THE SYMPTOMS HE IS HAVING, OTHERS ARE EXPERIENCING THE SAME SYMPTOMS. TODAY, THE ATTITUDE OF THE SOLDIER HAS CHANGED, IN JUST A FEW MONTHS. THEY ARE GETTING, ANGRY, AND BITTER, SOME ARE IN DENIAL, AND OTHERS ARE JUST PLAIN GIVING UP. WHY BOTHER.

THE MENTAL ANGUISH, BEING SUFFERED BY THE SPOUSES AND FAMILIES, IS BEYOND DESCRIPTION. THE SOLDIERS SUFFER FROM ALL THESE THINGS WRONG WITH THEM. THE SPOUSES AND FAMILIES, DO NOT KNOW WHAT TO DO, OR WHERE TO GO. THE VETERANS ADMINISTRATION, HAS TOLD THE SPOUSES AND FAMILIES, UNDER THE PRIVACY ACT, WE CAN"T TELL YOU ANYTHING, UNLESS THE SOLDIER/PATIENT SIGNS A RELEASE. THE SOLDIERS ARE CLOSING THE FAMILIES OUT OF THEIR LIVES. THE SOLDIERS LACK THE EFFORTS AND ENERGIES, TO FOLLOW THROUGH ON THE TOTAL THOUGHT PROCESS. THEY GET SO CONFUSED SO EASY. THESE SOLDIERS ARE FACING BLACK OUTS AND CAN NOT REMEMBER, WHERE THEY ARE SUPPOSED TO BE GOING, AND WHAT THEY ARE SUPPOSED TO BE DOING. THEY CAN NOT DO SIMPLE LIFE TASKS FOR US, ANY MORE. THEY ARE B LOCKING THEIR FAMILIES OUT OF THEIR LIVES. IT IS BECOMING EASIER FOR THE DESERT STORM SOLDIER TO SPEND HOURS IN FRONT OF THE T.V. THAN IT IS FOR HIM, TO GET UP AND DO SOMETHING CONSTRUCTIVE.

THESE SOLDIERS ARE NOTHING LIKE THE PERSON,, THE GOVERNMENT TOOK AWAY FROM US, THREE YEARS AGO. THE WIFES, REPORT THEY ARE LIVING WITH A TOTAL STRANGER. THOSE OF US STILL ABLE TO HAVE INTERCOURSE, DO SO, BUT WE PAY A PRICE FOR THAT.. WE, LADIES, ARE IN

PAIN AFTERWARDS, THE SEMAN BURNS OUR VAGINAL WALLS. ALSO WE SUFFER PAIN ON PENETRATION. LADIES, ASK WHY? WHAT IS HAPPENING? THE BEST I CAN TELL THEM, IS OTHERS HAVE REPORTED THE SAME PROBLEMS. AND WHEN THE DEPARTMENT OF DEFENCE DECIDES TO TELL US THE TRUTH, WE ALL MAY KNOW WHAT IS GOING ON. BUT REST ASSURED, POST TRAMATIC STRESS DISORDER, AS THE ARMY WANTS TO MAKE IT, DOES NOT CAUSE PAINFUL BURING INTERCOURSE.

IN 2½ YEARS, IT TOOK TO GET THE LEGISLATION PASSED THROUGH CONGRESS AND THE SENATE IN DECEMBER 1993. WHAT HAS REALLY CHANGED. CONGRESS AND SENATE ARE STILL ASKING FOR US TO SEND LETTERS, AND CONGRESS AND SENATE ARE STILL APPOINTING COMMITTIES AND GIVING GRANTS FOR US TO BE STUDIED. WE DO NOT HAVE, THAT KIND OF TIME ANY MORE. WE CAN NOT AFFORD ANY MORE DELAYS. 2400 BRAVE AMERICAN SOLDIERS WHO DEFENDED THIS COUNTRY ARE DEAD, BABIES ARE DEAD, THE BRAVE SOLDIERS WHO DEFENDED THIS COUNTRY ARE GONE AND FORGOTTEN ,BY YOUR STUDIES AND COMMITTIES.LOST TO THE LOVED ONES, LEFT BEHIND, WE WILL NEVER HEAR,"I LOVE YOU, AGAIN" WE WILL NEVER HAVE THE WARM, FAMILIAR EMBRACES, WE HAD BEFORE THEY WERE TAKEN TO SERVE THIS COUNTRY. THE SOLDIERS WHO HAD PLANS TO BE CAREER MILITARY PERSONS, ARE KICKED OUT, WITH UNDIAGNOISED MEDICAL PROBLEMS, AT $824.00 PER MONTH. KICKED OUT OF MILITARY HOUSING, KICKED OUT OF MILITARY MEDICAL CARE. THROWN OUT ON THE STREET. FOR SOMETHING THAT WAS NOT THE SOLDIERS FAULT. THE CRIME, THE SOLDIER DID, WAS CHOOSE TO SERVE THIS COUNTRY AND DEFEND A GOVERNMENT, WHO HAS ABANDONED HIM TODAY. RESERVISTS HAVE LOST THEIR CAREERS, JOBS, HOMES, POSESSIONS. I DO REMEMBER MR. POWELL WAS DAMN PROUD OF HIS 39 DAY SOLDIERS, AND WHAT HAS HAPPENED TO THEM, THEY FLUNKED THAT PHYSICAL TRAINING, AND GOT KICKED OUT. THEY ALSO CHOOSE TO DEFEND AND SERVE A COUNTRY, WHO FURTHER ABANDONED THEM,ALSO.

HOW MUCH MORE DO THE SOLDIERS HAVE TO ENDURE? HOW MUCH MORE DO THE FAMILIES HAVE TO ENDURE? HOW MUCH SUFFERING DO THE CHILDREN HAVE TO ENDURE, BEFORE CONGRESS GETS THE TRUTH OUT TO US. WE SEND YOU THE LETTERS, WE COMFORT YOUR SICK SOLDIERS AND THEIR FAMILIES. WE LISTEN TO THEIR ANGER, DENIAL AND SEE THEIR TEARS. WE WATCH YOUR BRAVE AMERICAN SOLDIERS, DIE BEFORE OUR EYES. AND YOU SIT

HERE IN CONGRESS, READ OUR LETTERS, AND WHAT HAVE YOU REALLY DONE FOR THE BRAVE AMERICAN SOLDIERS, OUT THERE SUFFERING AND DYING. THE SUFFERING DESERT STORM SOLDIERS' children ARE THE FUTURE TAX PAYERS AND VOTERS, OF YOUR COUNTRY.

650,000 BRAVE AMERICAN MILITARY FAMILIES ARE SUFFERING. THEIR SPOUSES AND CHILDREN, FRIENDS AND RELATIVES, ARE ALL AFFECTED WITH CONCERNS. DISABLED SOLDIERS HAVE RETURNED TO THEIR PARENTS TO LIVE OUT THEIR LIVES, JOBLESS, HOMELESS AND DYING.

IN WHAT IS SUPPOSED TO BE THE MOST WONDERFUL FREE COUNTRY, TO LIVE, IT IS A DISGRACE, THIS CONGRESS HAD NOT STOPPED THE INVASION OF IRAQ'S TO AMERICA.. WHERE CAN BRAVE AMERICAN SOLDIERS FLEE, FOR FREEDOM FROM OPPRESSION. WHERE CAN BRAVE, DYING AMERICAN SOLDIERS GO AND GET THE BENEFITS, THIS CONGRESS, HAS AFFORDED OUR EMENY. THE CONGRESS, HAS OFFERED, HOMES, HEALTH CARE, JOBS, AND FREEDOM, TO THE EMENY. AND THE BRAVE AMERICAN SOLDIERS, ARE HOMELESS, IN POOR HEALTH, AND DYING, WHERE, IS THE JUSTICE.

GOVERNMENT IS OF THE PEOPLE, BY THE PEOPLE, AND FOR THE PEOPLE. THE DESERT STORM VETERAN AND HIS FAMILY, ARE THE PEOPLE. RECENT PROGRAMS, OVER THE PAST FEW YEARS, WHEN MOTHERS, DID NOT RECIEVE THE ASSISTANCE FROM THE LAWMAKERS NEEDED, THEY BANDED TOGETHER, TO FORM A POWERFUL POLITICAL ACTION GROUPS, IN THE HISTORY OF THIS COUNTRY. THOSE, SAME MOTHERS HAVE DESERT STORM VETERANS TO PROTECT.

MY PATRIOTISM, TO THIS COUNTRY, IS BEING SHOWN, AS MY AMERICAN FLAG IS IN DISTRESS, AND WILL CONTINUE TO BE FLOWN IN DISTRESS UNTIL MY HUSBAND, WHO CHOOSE TO SERVE THIS COUNTRY AND THIS GOVERNMENT, IS RETURNED TO ME, AND I ONCE AGAIN, HAVE THE WARM EMBRACES, I HAVE WAITED THREE LONG YEARS FOR.

PENNY LARRISEY
150 Old New Road
Chalfont Penna 18914
Organizer, OPERATION DESERT SHIELD/STORM, PHILADELPHIA PA AREA.

JANUARY 15,1994

DEAR MRS LARRISEY,

PLEASE EXCUSE ME FOR NOT WRITEING ANY SOONER, I DON'T HAVE ANY EXCUSE. WHEN YOU ASKED FOR A LETTER PERTAINING TO MY HEALTH COMPLAINTS. I'LL TRY TO BE BRIEF BUT COMPLETE.

(WIFE) I'VE HAD BREATHING PROBLEMS (COB) SINCE '92. REAL BAD CHEST PAINS, HACKING COUGH, MUSCLE AND JOINT PAINS,(UPPER EXTERMITES) CHRONC INFLAMATION OF THE ESOPHAGUS,

OUR SEX LIFE IS NO LONGER. HAVEN'T HAD SEX SINCE LAST YEAR SOME TIME. YET I CONTINUE TO HAVE VAGINAL INFECTIONS, THAT NOTHING SEEMS TO KILL. ARE TAKING VARIOUS ANT-BIOTICS, BUT NO TOTAL CURE AS YET.

NOW MY HUSBAND,

I HAVE HAD CHRONIC FATIGUE SINCE JAN. OF 91, I HAVE BLURRED VISION, MEMORY LOSS(SHORT TERM) CANNOT CONSENTRATE ON ANYTHING FOR LONG PERIODS OF TIME, (NOT MORE THAN 2 HOURS) DIZZY SPELLS, MANY SORES ON MY ARMS, CHEST NECK AND SCALP, ALSO HAVE RASHES ON HEAD AND NECK, CONSTANT RINGING IN EARS, WITH THE SOUND OF"CRIKETS"Or GRASSHOPPERS CLICKING ALL THE TIME SOMETIMES IT MAKES ME HEAR.ACHEING SORENESS IN JOINTS, LEGS, ARMS. ANKLES, WRISTS, KNEES,ETC. I "SEE" SHADOWS, ALL THE TIME IT LOOKS LIKE A "RAT" OR SOMETHING RUNNING ACROSS THE WALL, OR ACROSS THE FLOOR, BUT WHEN YOU LOOK TO SEE WHAT IT IS, THERE'S NOTHING THERE. CANNOT TELL WHEN I'M HUNGARY, UNLESS I EAT, THEN I EITHER EAT EVERYTHING IN SIGHT, OR JUST DON'T CARE TO TASTE IT.

AFTER EATING, WHETER LARGE OR SMALL MEAL, STOMACH SWELLS "BIG TIME" NO PAIN, JUST SWELLS. WHEN I HAVE A BOWEL MOVEMENT, MY STOMACH HURTS LIKE IT WAS COMING OUT. AND BELCH FOR NEARLY 1/2 HOUR, BUT I DON'T TASTE ANY THING WHEN I BELCH. THEN MY SYSTEM SEEMS TO SETTLE DOWN. IF I HAVE A BOWEL MOVEMENT, IT IS IN THE MIDST OF DIAHARRIA. UNABLE TO HAVE SEX, CANNOT HAVE AN ERECTION, NOW I'M HAVING TROUBLE PASSING MY URINE, MY PENIS IS DRAWN UP SO FAR INTO MY BODY I CAN'T STAND UP TO PASS MY WATER, I HAVE TO SIT ON THE TOILET LIKE A WOMAN, AND LET IT DRIBBLE OUT, SOME TIMES IT TAKES ABOUT 10 MINUETS TO EMPTY MY BLADDER, OF ABOUT 6-8OZS. KIDNEYS ALWAYS SORE AND HURTING. HAVE BEEN TO THE VA HOSPITAL IN ASHEVILLE, WINSTO SALEMN, AND SAILSBURY, N.C. AND TO THE VA IN WASHINGTON, D.C. HAVE BEEN TESTED FOR ANY AND EVERYTHING, AND NEVER BEEN DIAGNOSTICATED FOR ANYTHING.

THANK YOU FOR BEING PATIENT WITH US AND READING ALL OUR PROBLEMS.

I AM SENDING YOU SOME MONEY TO HELP PAY THE POSTAGE FOR ALL THE INFORMATION YOU MAILED TO US. HOPE TO BE ABLE TO SEND SOME MORE LATER, WHEN YOU

ANY INCOME OF ANY KIND, ITS HARD TO COME ACROSS.ANY MONEY.
LESS I'M "UNOFFICALY" RETIRED, NO GOVERNMENT AGENCY OF ANY KIND, COUNTY,
STATE, OR FEDERAL WILL HELP US. THEY CLAIM THAT BECAUSE I SOLD MY CAR LAST
TO BUY FOOD, AND PAY MY UTILITY BILLS, IS CONSIDERED "INCOME" THEREFORE,
NOT ELIGEBLE FOR FOOD STAMPS. THE STATE HAS IT TO RECONISE ANY DISABILITY
ANY PAYING, WHEN I CALL THE SOCIAL SERVICES UNDER THE STATE'S MANAGEMENT
REFER ME BACK TO THE COUNTY SOCIAL SERVICES, DON'T UNDERSTAND IT YET.
THE FEDERAL IS JUST AS BAD. THE VA " BLUE RIBBON PANEL" IN LEXINGTON, KY.
TURNED MY CLAIM DOWN BECAUSE I HAVE NO RECORD OF BEING ILL WHILE I WAS
ACTIVE DUTY IN SAUDIA ARBIA. OF SO MUCH AS GOING ON SICK CALL. MAINLY
CAUSE WHEN I WAS AT , WE DIDN'T HAVE A CLINIC, ONLY A CORPSMAN, WHO TOLD
" McILWAIN, YOU HAVE A FIRST AID KIT ON YOUR GUNBELT SAME AS EVERYBODY
, OPEN IT UP AND SEE IF THERE IS ANYTHING IN IT YOU CAN USE." AND AFTER
WAR WAS OVER, AND I CAME BACK SOUTH TO AL JUBAIL, AT CAMP 15, (OUR BASE CAMP)
MEDICAL CLINIC WAS CLOSED DOWN AND PACKING UP TO COME BACK TO THE U.S..
DOC. WAS VERY HELPFUL, HE GAVE ME AS GOOD A PHYSCIAL AS HE COULD IN HIS
FICE, AND SEEM TO THINK I HAD PROBLEMS WITH MY PROSTATE GLAND. AND SAID HE
LD PUT ME ON MEDICAL "HOLD" WHEN WE GOT BACK TO GULFPORT, MISS.(SEABEE'S
QUATERS FOR THE EAST COAST) AND SEND ME TO KESSLER AFB THEY HAVE A FINE
CPITAL, WITH GOOD SPECIALISTS THERE, WAS SENT TO KESSLER HOSP "OUTPATIENT"
D DIAGNOSED AS PROBLEMS WITH MY BLADDER BUT NOT SERIUS ENOUGH FOR SURGY AT
THE TIME. AND WHEN I GATHOME, TO GO TO THE VA AND THEY WILL HELP ME.
AND THE BEST IS HISTOTY, IT ALL BOILS DOWN TO THIS. I SWORE TO PROTECT
D DEFEND MY GOVERNMENT, NOW MY GOVERNMENT DON'T KNOW ME. THEY CLAIMED ALL
/ ILLNESS NEVER HAPPENED WHILE I WAS ON ACTIVE DUTY.

BUT I KNOW BETTER, AND IT WILL TAK YEARS THAT I DON'T HAVE TO PROVE
LL OF THIS, BUT SINCE I'M NOT ABLE TO WORK ANYMORE, I MAY AS WELL MAKE LIFE
TOLERABLE FOR SOME OF THEM. SO I KEEP POUNDING ON THIS ANCIENT TYPWRITER,
AND CALLING ALL THE 800 NUMBERS I CAN FIND, AND EVEN CALL SOME OF THEM
LLECT TO SEE IF THEY WILL TAKE MY CALL. SOMETIMES I CALL A PERSON WHO I
K WILL LISTEN, AND CARES, AND TELL THEM I'M A PERSIAN GULF VET, WITH
INCOME, CAN YOU CALL ME BACK? AND THAT WORKS SOMETIME.

WELL THANK YOU FOR THE COPY OF YOUR NEWS LETTER, IT FEELS GOOD TO KNOW
THERE ARE OTHERS FIGHTING JUST AS HARD AS I AM. SO LETS KEEP IN TOUCH,
KEEP FIGHTING. MAYBE SOME DAY I CAN COME UP WITH ENOUGH MONEY TO JOIN
COALITION.

SINCERLEY, Tom McIlwain

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HONORABLE BOB STUMP
QUESTIONS SUBMITTED FOR THE RECORD
HOUSE COMMITTEE ON VETERANS' AFFAIRS

ALLEGATIONS MADE THAT SOME PERSIAN GULF WAR VETERANS WERE EXPOSED TO CHEMICAL AGENTS

FEBRUARY 1, 1994

QUESTION 1: **WHAT, IF ANYTHING, HAVE VA CLINICIANS LEARNED ABOUT THE ILLNESSES BEING REPORTED BY MANY PERSIAN GULF VETERANS?**

ANSWER: VA clinicians have seen a wide range of medical problems among those examined to date. We are closely monitoring data collected by VA medical centers to discern any possible patterns or clusters of illnesses or complaints among Gulf War veterans. At present, we are unable to identify any clear trend or pattern. No single cause or etiology would explain the health problems in this group of veterans. The most common medical complaints seen during our Registry examinations have been skin rashes, fatigue, muscle and joint pain, and headache and memory loss.

QUESTION 2: **IN YOUR OPINION, WILL THE PROPOSED ENVIRONMENTAL RESEARCH UNIT HELP IN TRYING TO PROVIDE ANSWERS TO THE QUESTIONS SURROUNDING THE ILLNESSES AFFECTING MANY PERSIAN GULF VETERANS? PLEASE DESCRIBE THE NATURE OF THE RESEARCH THAT WILL BE CONDUCTED THERE.**

ANSWER: In January 1994, we issued a special solicitation to establish up to three VA environmental hazards research units or centers. We expect that these centers will provide answers to many of the questions regarding the health problems experienced by Persian Gulf veterans. One area of concern that the centers may explore is the question regarding a possible multiple chemical sensitivity (MCS) diagnosis. That now represents only a collection of symptoms and is not currently an accepted diagnosis within the mainstream American medical community. We hope to provide careful scientific scrutiny to the contribution of possible MCS to Persian Gulf veterans health problems. We expect that the centers will also deal with a variety of other research concerns of Persian Gulf veterans. In general, these centers will provide a nucleus of research activity in toxic environmental hazards and serve as a focal point for the coordination of relevant research efforts. We cannot yet describe, with any specificity, what research these centers, which have not yet been established, will conduct.

QUESTION 3: **ARE THERE DIFFERENCES IN THE WAY DATA IS RECORDED THAT CAUSES PROBLEMS WITH THE SHARING OF DATA BETWEEN THE VA AND DOD REGISTRIES? ARE THEY COMPATIBLE FOR PURPOSES OF INFORMATION SHARING?**

ANSWER: The VA and DoD registries have different purposes and focuses. Nevertheless, a significant amount of data has been shared and will continue to be shared by the two departments. Social Security numbers are matched and then the files are merged.

(Page 2)

HONORABLE BOB STUMP

VA has already begun to utilize this information verifying that Persian Gulf Registry examinees did indeed serve in the Gulf, and also in identifying veterans who served in the Gulf who have received inpatient care at a VA facility. We are pleased with the cooperation that we are receiving from DoD. Our programs are compatible for this purpose.

QUESTION 4: HOW DOES VA OUTREACH TO VETERANS AND NOTIFY THEM REGARDING THEIR ELIGIBILITY TO MAKE USE OF THE PERSIAN GULF REGISTRY?

ANSWER: VA has a "Persian Gulf Review" newsletter, a Persian Gulf poster, and Persian Gulf exhibits, all of which are designed to heighten public awareness of our Registry program. Our Persian Gulf fact sheet also describes the Registry program. VA officials frequently meet with veterans service organizations and other groups and individuals to advise them about the Registry and other aspects of our program to help Persian Gulf veterans. Public Affairs representatives and program officials provide a great deal of information to the news media regarding the Registry and related programs.

QUESTION 5: IN VIEW OF YOUR DECISION WITH REGARD TO CHRONIC FATIGUE SYNDROME, DOES THE VA PLAN TO GRANT A SIMILAR PRESUMPTION FOR ANY OTHER CONDITION CURRENTLY BEING MANIFESTED IN PERSIAN GULF VETERANS?

On June 9, 1994, Secretary Brown endorsed a proposal to pay compensation benefits to Persian Gulf War veterans suffering from undiagnosed illnesses.

QUESTION 6: A RECENT VA STUDY ENTITLED HEALTH SURVEILLANCE OF PERSIAN GULF WAR VETERANS CONCLUDES THAT "VETERANS WHO SERVED IN RESERVE AND NATIONAL GUARD UNITS ARE MORE LIKELY TO PARTICIPATE IN THE REGISTRY EXAMINATION THAN THOSE WHO SERVED IN ACTIVE UNITS." HAS THE VA DISCOVERED ANY POSSIBLE EXPLANATIONS FOR THIS OCCURRENCE?

ANSWER: We have no definitive answer to this question. One possible explanation is the age of Gulf War participants. The average age (in 1991) of active duty personnel, reserve units, and national guard units in the Persian Gulf was 27.4, 30.4, and 32.6 respectively. We are pursuing subgroup analysis to further explore the causes for the identified difference. Troop location, Military Occupational Series (MOS), specific exposures, etc., may give us better explanations for this difference.

HONORABLE CHRIS SMITH
QUESTIONS SUBMITTED FOR THE RECORD
HOUSE COMMITTEE ON VETERANS' AFFAIRS

ALLEGATIONS MADE THAT SOME PERSIAN GULF WAR VETERANS WERE EXPOSED TO CHEMICAL AGENTS

FEBRUARY 1, 1994

QUESTION 1: **IS THERE COORDINATION THROUGHOUT THE VA SYSTEM WITH REGARD TO THE TREATMENT OF THE "SAUDI SYNDROME" AMONG PERSIAN GULF VETERANS? DO VA MEDICAL CENTERS SHARE MEDICAL INFORMATION REGARDING REPORTED ILLNESSES AND MODALITIES OF CARE? ARE THEY TALKING TO EACH OTHER?**

ANSWER: There is a significant amount of coordination within the VA system. Nationwide conference calls and satellite broadcasts aid the sharing of medical information. Listings (with telephone numbers) of Environmental Physicians and Persian Gulf Coordinators located at all VA medical centers are periodically updated and distributed to all medical centers to facilitate information sharing. Information regarding contact points in the special Persian Gulf Referral Centers also has been disseminated to assist in coordination and information sharing efforts. Directors of the Persian Gulf Referral Centers provide telephone consultations and share information and expertise with Environmental Physicians and other health care providers in the field. All stations utilize the national policy and procedures manual and standardized examination protocol for the Persian Gulf Registry examination. National summaries of the results of these examinations are distributed to VA medical centers periodically.

QUESTION 2: **YOU RECENTLY ANNOUNCED THAT VA WOULD GRANT A PRESUMPTION FOR SERVICE-CONNECTION TO VETERANS WHO ARE DIAGNOSED WITH CHRONIC-FATIGUE SYNDROME, AS DEFINED BY THE CENTERS FOR DISEASE CONTROL. COULD YOU ELABORATE MORE ON THIS NEW POLICY? HOW MANY VETERANS WILL LIKELY BE AFFECTED?**

VA has recently recognized the condition of chronic fatigue syndrome and will add it as a new condition in the VA Schedule for Rating Disabilities. The criteria for diagnosis are based on those established by the National Institutes of Health and are fairly stringent, requiring the new onset of debilitating fatigue that is severe enough to reduce average daily activity below 50 percent of the usual level for at least six months. Other clinical conditions that may cause similar symptoms must be excluded by a thorough evaluation. Additionally, six findings out of a list of possible findings provided must be present. We plan to evaluate this condition based either on symptoms as they affect routine daily activities or on the periods of incapacitation which result.

We are unable to estimate the number of veterans likely to be affected.

Honorable Bob Stump
Questions Submitted For The Record
Dr. Edwin Dorn
Under Secretary of Defense (Personnel and Readiness)
Full Committee
February 1, 1994
[Congressman Montgomery's Letter February 28, 1994]

1. How often do active duty members receive comprehensive physical examinations?

Comprehensive physical examinations are required during the following circumstances.

NAVY:

Upon initial entry into the military.
Every five years for everyone under the age of 50.
Every two years for members between the ages of 50-60 and annually thereafter.
Aviators require physical examinations every three years until age 40, and annually thereafter.
Flag Officers require annual physical examinations.
Upon separation or retirement.

ARMY:

Upon initial entry into the military.
Every five years for everyone under the age of 50 and annually thereafter.
Aviators require physical examinations every three years until age 35, and annually thereafter. However, policy changes are in final coordination to change age to 49 and annually thereafter.
Flag Officers require annual physical examinations.
Upon retirement (not separation).

AIR FORCE:

Upon initial entry into the military.
Every five years for everyone under the age of 50 and annually thereafter.
Aviators require physical examinations every three years until age 49, and annually thereafter.
Flag Officers require annual physical examinations.

2. What steps are being taken to ensure that active duty personnel feel no hesitancy coming forward and seeking treatment for this mysterious illness based on possible repercussions?

Our outreach program is designed to contact active duty and reserve Service members and their families to encourage them to get physical evaluations and appropriate care if they are experiencing any health problems which may be related to their service in the Persian Gulf. The Department is totally committed to ensuring that those who served their country in Operation Desert Shield and Desert Storm receive the care they deserve without their fearing any retaliation for coming forward with their medical problems related to Persian Gulf service.

The Department has provided guidance on Persian Gulf health-related issues through various mechanisms, including messages, letters, and memoranda from the Department starting in March, 1991. More recently, since January, the Under Secretary of Defense (Personnel and Readiness), Dr. Edwin Dorn, briefed members of the Reserve Officers Association of the United States, Health Advisory Committee (January 24), the Military Coalition (March 3), and the Army National Guard Senior Commanders (March 5) on the Department's initiatives on this issue.

On March 3, Dr. Edward Martin, Acting Assistant Secretary of Defense (Health Affairs), sent a memorandum to the Assistant Secretaries of the three Military Departments, addressing concerns among Persian Gulf War veterans, their families, and members of Congress that the symptoms being experienced by some veterans represent a form of undiagnosed communicable disease. Dr. Martin's memorandum formally established the Persian Gulf War Veterans Health Surveillance System.

5. It is my understanding that DoD provided funding to Dr. Hyman to provide treatment to individuals who served in the Gulf and who are experiencing certain health problems. How many people has Dr. Hyman treated and how successful has this treatment been?

The $1.2M funding for Dr. Hyman's work is fully authorized and appropriated. We are legally obligated to obtain a protocol that describes the research effort. A protocol is required any time a research project is federally funded, especially for research using animals or human subjects. Dr. Hyman has not yet provided a protocol.

On February 25, Dr. Hyman stated to the Defense Science Board Task Force on Gulf War Health Effects that he had successfully treated seven or eight Persian Gulf veterans.

6. Is DoD working with Dr. Hyman to record his treatment protocol and to determine if his treatment modality should be expanded to other Persian Gulf veterans?

DoD researchers from the U.S. Army Medical Research and Development Command visited Dr. Hyman's clinic in New Orleans. They offered him assistance for preparing the protocol. Dr. Hyman has not, as yet, submitted a protocol.

7. Are there differences in the way data is recorded that causes problems with the sharing of data between the VA and DoD registries? Are they compatible for purposes of information sharing?

No, there are no differences in the recording of data that causes problems with data sharing. DoD is maintaining its Persian Gulf Registry in a manner that permits effective and efficient cross reference with the VA Persian Gulf War Veterans Health Registry as required by Public Law 102-585. We are working very closely with VA to ensure data compatibility in our information sharing program between the registries.

Additionally, we are currently staffing memoranda on Persian Gulf Health Issues that will be sent from the Secretary of Defense to the Secretaries of the Military Departments and to all Persian Gulf War veterans, both active duty and reserve component. The memorandum to the veterans encourages recipients to come forward for a complete medical examination and be entered into the Persian Gulf War Veterans Health Surveillance System if they are experiencing health problems that may be related to service in the Persian Gulf .

3. How does DoD educate active duty and reserve unit members concerning their use of the Persian Gulf Registry?

Our outreach program is informing our active duty and reserve Persian Gulf veterans about the Persian Gulf War Veterans Health Surveillance System. The memoranda described above provide information directly to the veterans. We are also using the military news services, the Military Coalition, and Reserve Associations to publicize the registry.

The Department has provided guidance on Persian Gulf health-related issues through various mechanisms, including messages, letters, and memoranda starting in March, 1991. The Under Secretary of Defense (Personnel and Readiness), Dr. Edwin Dorn, briefed members of the Reserve Officers Association of the United States, Health Advisory Committee (January 24), the Military Coalition (March 3), and the Army National Guard Senior Commanders (March 5) on the Department's initiatives on this issue.

4. How intensive a review did DoD conduct regarding the Czech military findings of Iraqi use of chemical agents? Has there been any analysis of the claims by the French military which reports similar findings? If not, will DoD conduct an in-depth review of the French claims?

During the summer of 1993, the Czech Republic announced that their forces detected chemical agents during the war; their announcement did not conclude that there was use of chemical agents by Iraq. The Czechs discounted the possibility that the agents detected could have been the result of Iraqi activity, since there were no artillery, rocket or missile attacks in the area, no evidence of craters or other impact debris, and no enemy aircraft in the area. In the case of their nerve agent detections on January 19, 1991, the Czechs speculated that the agent could have drifted from Iraqi CW targets bombed by the coalition forces. This speculation is without basis and we conclude that this possibility is extremely remote after reviewing the target list of suspect CW sites bombed prior to the reported Czech detections, the bomb damage assessments, and the wind and other weather conditions.

In September 1993, we sent a team of three specialists to Prague to meet and discuss with the Czechs the facts surrounding their assertion that they detected chemical agents during the Gulf War. The team assessed the training, equipment, technical competence and procedures employed by the Czech personnel. The team concluded that the Czechs did detect agents; however, because there were no objective records, independent verification or samples taken for later analysis, we have no way to confirm the detections.

We have not yet received from the French the details of the incidents that they described to Senator Shelby during his CODEL trip. We do not have sufficient information to analyze and evaluate the French incidents. However, we intend to thoroughly review information on the French incidents as soon as it is available.

Honorable Chris Smith
Questions Submitted For The Record
Dr. Edwin Dorn
Under Secretary of Defense (Personnel and Readiness)
Full Committee
February 1, 1994
[Congressman Montgomery's Letter February 28, 1994]

1. Has DoD initiated any specific outreach activities aimed at identifying active duty personnel who served in the Persian Gulf who exhibit the specific symptoms of the mysterious illness?

Yes, we have initiated an outreach program to Service members who may be experiencing health problems as a result of service in the Persian Gulf. We are sending out messages to encourage them to report any health problems they are experiencing. Our first priority is to ensure that those who served their country in Operation Desert Shield and Desert Storm receive the care they require.

The Department provided guidance on Persian Gulf health-related issues through various mechanisms, including messages, letters, and memoranda from the Department starting in March, 1991. The Under Secretary of Defense (Personnel and Readiness), Dr. Edwin Dorn, briefed members of the Reserve Officers Association of the United States, Health Advisory Committee (January 24), the Military Coalition (March 3), and the Army National Guard Senior Commanders (March 5) on the Department's initiatives on this issue.

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2. Can the CHAMPUS program offer health care to the spouses and children of reserve unit members for conditions that may be related to the spouse's service in the Persian Gulf?

No. There is no legal provision that allows the care of family members of reserve unit members under the CHAMPUS program.

3. There have been reports from the Czech and the French military of detection of chemical agents during the Persian Gulf War. In addition, there are now reports that Saudi military officials alerted the U.S. military about the detection of chemical agents. How does DoD reconcile these reports with its stated policy that no chemical agents were detected during the Gulf War?

It is the official position of the U.S. and the member nations of the Coalition Forces that Iraq did not use chemical or biological weapons during the Persian Gulf War. We agree that the Czech detections are credible but no Coalition Force nation, including Czechoslovakia, believes the detections were related to use of chemical agents by Iraq. We have not received any details from the French that allow us to evaluate their report to Senator Shelby.

There is a stringent internationally accepted protocol for verifying the detection of chemical warfare agents. In the context of a tactical situation, a possible detection or alarm serves to ensure that forces take the appropriate protective measures to minimize casualties, even when subsequent steps to confirm the detection fail to verify it.

There were times during the war when chemical detection equipment indicated the possible presence of a chemical agent hazard; in some instances these were reported up through channels before confirmatory steps were performed. Incidents involving U.S. forces, as well as the British, French, and Czechs, were entered in the Central command journals. Those incidents were each subsequently followed up to determine whether confirmation could be made, but none of the incidents were confirmed.

It is unlikely that additional efforts will generate any more confirmatory data than was available as the events took place. Available journals and other records present incomplete pictures of the situation, and lack the context and background for the judgments of the technical and biological defense specialists who were on the ground during the war.

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